


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 11, 2004 08:00 AM
Secretary of State

DOCUMENT # 714839 1. Entity Name NEW COVENANT CHURCH OF ST. PETERSBURG, FLORIDA, INC.	
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Principal Place of Business 1625 6TH AVENUE SOUTH ST PETERSBURG, FL 33712	Mailing Address P.O. BOX 11123 ST PETERSBURG, FL 33713
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DO NOT WRITE IN THIS SPACE



03082004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-6211268	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**JACKSON, KENNETH REV
2045 SEMINOLE BLVD SOUTH
ST. PETERSBURG, FL 33705**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$81.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DANCIL, JEFFREY 4547 23RD AVE SOUTH SAINT PETERSBURG, FL 33711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MORGAN, PATRICIA 515 39TH STREET SOUTH ST. PETERSBURG, FL 33711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACKSON, VERINDA 2045 SEMINOLE BLVD SAINT PETERSBURG, FL 33705
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MORGAN, ANNIE V 4924 5TH STREET SOUTH ST PETERSBURG, FL 33705
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DANCIL, PATRICIA 4547 23RD AVE., SOUTH SAINT PETERSBURG, FL 33711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, CHERYL 2410 26TH AVE SOUTH SAINT PETERSBURG, FL 33712

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IN THIS SPACE**

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03/11/04-80051-021 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE  **Cheryl E. Johnson** **3/8/04** **727-321-6589**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #