

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2006 8:00 am**  
**Secretary of State**

04-19-2006 90109 002 \*\*\*\*61.25

**DOCUMENT # 714839**

1. Entity Name  
**NEW COVENANT CHURCH OF ST. PETERSBURG,  
FLORIDA, INC.**



Principal Place of Business  
**1625 6TH AVENUE SOUTH  
ST PETERSBURG, FL 33712**

Mailing Address  
**P.O. BOX 11123  
ST PETERSBURG, FL 33713**

**50013849**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01102006

Chg-NP

CR2E037 (11/05)

4. FEI Number  
**59-6211268**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME DANCIL, JEFFREY  
STREET ADDRESS 4547 23RD AVE SOUTH  
CITY-ST-ZIP SAINT PETERSBURG, FL 33711

TITLE SD ☐ Change ☒ Addition  
NAME Johnson, Cassandra  
STREET ADDRESS 1420 30th St. So. St. Pete  
CITY-ST-ZIP 33712

TITLE VD ☐ Delete  
NAME MORGAN, PATRICIA  
STREET ADDRESS 515 39TH STREET SOUTH  
CITY-ST-ZIP ST. PETERSBURG, FL 33711

TITLE D ☒ Change ☐ Addition  
NAME Morgan, Annie V  
STREET ADDRESS 4924 5th St. So St. Pete  
CITY-ST-ZIP 33705

TITLE D ☐ Delete  
NAME JACKSON, VERINDA  
STREET ADDRESS 2045 SEMINOLE BLVD  
CITY-ST-ZIP SAINT PETERSBURG, FL 33705

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD ☒ Delete  
NAME MORGAN, ANNIE V  
STREET ADDRESS 4924 5TH STREET SOUTH  
CITY-ST-ZIP ST PETERSBURG, FL 33705

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE T ☐ Delete  
NAME DANCIL, PATRICIA  
STREET ADDRESS 4547 23RD AVE., SOUTH  
CITY-ST-ZIP SAINT PETERSBURG, FL 33711

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME JOHNSON, CHERYL  
STREET ADDRESS 2410 26TH AVE SOUTH  
CITY-ST-ZIP SAINT PETERSBURG, FL 33712

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

*Sheryl G. Johnson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/06 727-321-6589  
Date Daytime Phone #