


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # 731077 1. Entity Name NEW COVENANT PRESBYTERIAN CHURCH, INC.	
---	---

Principal Place of Business 4300 NORTHWEST 12TH AVENUE MIAMI, FL 33127	Mailing Address 4300 NORTHWEST 12TH AVENUE MIAMI, FL 33127
--	--

DO NOT WRITE IN THIS SPACE



02162005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-1293913	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, CHARLIE
1150 NW 67TH STREET
MIAMI, FL 33150

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

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILLIAMS, CHARLIE 1150 NW 67TH STREET MIAMI, FL 33150
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NEWKIRK, PATRICK 961 NW 43RD STREET MIAMI, FL 33127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, EUGENIA 1110 NW 41ST STREET MIAMI, FL 33127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILKERSON, LOUISE 777 NW 42ND STREET MIAMI, FL 33127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HILL, DAISY 19674 NW 84TH COURT MIAMI, FL 33056
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YOUNG, NOVELLA 1280 NW 174TH STREET NORTH MIAMI, FL 33169

UN0000359503
05/04/05-80156-009 140.00

**DO NOT WRITE
IN THIS SPACE**

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: Louise M. Wilkerson 2-17-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #