

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 25, 2006 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



02252006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent

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

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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 \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	WILLIAMS, CHARLIE
STREET ADDRESS	1150 NW 67TH STREET
CITY-ST-ZIP	MIAMI, FL 33150
TITLE	S
NAME	NEWKIRK, PATRICK
STREET ADDRESS	961 NW 43RD STREET
CITY-ST-ZIP	MIAMI, FL 33127
TITLE	D
NAME	THOMAS, EUGENIA
STREET ADDRESS	1110 NW 41ST STREET
CITY-ST-ZIP	MIAMI, FL 33127
TITLE	D
NAME	WILKERSON, LOUISE
STREET ADDRESS	777 NW 42ND STREET
CITY-ST-ZIP	MIAMI, FL 33127
TITLE	D
NAME	HILL, DAISY
STREET ADDRESS	19674 NW 84TH COURT
CITY-ST-ZIP	MIAMI, FL 33056
TITLE	D
NAME	YOUNG, NOVELLA
STREET ADDRESS	1280 NW 174TH STREET
CITY-ST-ZIP	NORTH MIAMI, FL 33189

000000533385
05/06/06-80116-015 61.25

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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: Marshall Washington 4/24/06
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #