## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 25, 2007 8:00 am Secretary of State

| ANNUAL REPORT   |                                   |  |                        |  | Secretary of State   |                                     |                                    |                          |  |
|---|-----------------------------------|--|------------------------|--|--|-------------------------------------|------------------------------------|--------------------------|--|
| DOCUMENT #731077  1. Entity Name NEW COVENANT PRESBYTERIAN CHURCH, INC.   |                                   |  |                        |  |  |                                     | y <b>01 Sta</b><br>71 038 ****61.2 |                          |  |
| Principal Place of Business 4300 NORTHWEST 12TH AVENUE MIAMI, FL 33127  |                                   | Mailing Address<br>4300 NORTHWEST 12TH AVENUE<br>MIAMI, FL 33127 |                        |  | <br>   | Son 1840 (180 (181 &)               | OTI OTOTI OTOTI EEDIN OTOTi OT     | RITARI RI 1631           |  |
| 2. Principal  | Place of Business - No P.O. Box # | 3. Mailing Address   | Mailing Address        |  |  |                                     |                                    |                          |  |
| Suite, Apt  | l. #, etc.                        | Suite, Apt. #, etc.  | Suite, Apt. #, etc.    |  |  | hg-NP                               | CR2E037 (12/06)                    |                          |  |
| City & Sta  | ate                               | City & State   |                        |  | 4. FEI Number<br>59-129391   | 13                                  | <del></del>                        | pplied For ot Applicable |  |
| Zip   | Country Zip                       |  |                        | 5. Certificate of Status Desired Status Desired Fee Required |  |                                     |                                    |                          |  |
| 6. Name and Address of Current Registered Agent   |                                   |  |                        | 7. Name and Address of New Registered Agent                  |  |                                     |                                    |                          |  |
|   |                                   |  | Name                   | Name Marshall Washington                                     |  |                                     |                                    |                          |  |
| 1150 NW   | S, CHARLIE<br>67TH STREET         |  |                        |  |  | (P.O. Box Number is Not Acceptable) |                                    |                          |  |
| MIAMI, FL 33150   |                                   |  |                        | 19064 NW 53rd Place  |  |                                     |                                    |                          |  |
| '   |                                   |  |                        | City Miami FL Zip Code 33055                                 |  |                                     |                                    |                          |  |
| 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 |                                   |  |                        |  |  |                                     |                                    |                          |  |
|   |                                   |  |                        |  | 5.00 May Be Make check payable to dded to Fees Florida Department of State |                                     |                                    |                          |  |
| 10.   | OFFICERS AND D                    | RECTORS  | 11.                    | Α,   | DDITIONS/CHANG   | ES TO OFFICERS                      | AND DIRECTORS IN                   | V 10                     |  |
| TITLE   | P                                 | Delete   | TITLE                  | Б  |  |                                     | Change                             | <b>∑</b> Addition        |  |
| NAME  | WILLIAMS, CHARLIE                 | 7  | NAME                   | Bert   | ha Alexander   |                                     |                                    | 7                        |  |
| STREET ADDRESS  | 1150 NW 67TH STREET               |  | STREET ADDRESS         | 238  | 7 NW 99 Terrac   | e                                   |                                    |                          |  |
| CITY-ST-ZIP   | MIAMI, FL 33150                   |  | CITY-ST-ZIP            | Miar   | ni. FL. 33147  |                                     |                                    |                          |  |
| TITLE   | S                                 | LSA Detete   | TITLE                  | ת  |  |                                     | ☐ Change                           | Addition                 |  |
| NAME  | NEWKIRK, PATRICK                  | f .  | NAME                   | í  | an Alexander-M   | _                                   |                                    | ′                        |  |
| STREET ADDRESS  | 961 NW 43RD STREET                |  | STREET ADDRESS         |  | 33 NW 18 Aveni   | ne                                  |                                    |                          |  |
| CITY-ST-ZIP   | MIAMI, FL 33127                   |  | CITY-ST-ZIP            |  | ni, FL 33056   |                                     | <u>-</u>                           |                          |  |
| TITLE   | D THOMAS ELICENIA                 | C  ☐  ☐  ☐  ☐  ☐  ☐  ☐  ☐  ☐  ☐  ☐  ☐  ☐                         | TITLE                  | D  | o Cooper   |                                     | ☐ Change                           | Addition                 |  |
| NAME<br>STREET ADDRESS  | THOMAS, EUGENIA                   |  | NAME<br>Street Address | i  | in Cooper<br>5 NW 161 Terrad   |                                     |                                    |                          |  |
| CITY-ST-ZIP   | MIAMI, FL 33127                   |  | CITY-ST-ZIP            | t  | ni, FL 33016   | æ                                   |                                    |                          |  |
| TITLE   | D                                 | □ Delete   | TITLE                  | D  | III, FL 33010  |                                     | ☐ Change                           | Addition                 |  |
| NAME  | WILKERSON, LOUISE                 | rat neiere   | NAME                   | Son  | ya Gardner   |                                     | 广 ∩wiine                           | A vocation               |  |
| STREET ADDRESS  | 777 NW 42ND STREET                |  | STREET ADDRESS         | '  | W 124 Street   |                                     |                                    |                          |  |
| CITY-ST-ZIP   | MIAMI, FL 33127                   |  | CTTY-ST-ZIP            |  | ni, FL 33168   |                                     |                                    |                          |  |
| TITLE   | D                                 | ☑ Delete   | TITLE                  | ם  | · · · · · · · · · · · · · · · · · · ·                                      |                                     | ☐ Change                           | Addition                 |  |
| NAME  | HILL, DAISY                       | b  | NAME                   | Darle  | ene Smith  |                                     |                                    | r                        |  |
| STREET ADDRESS  | 19674 NW 84TH COURT               |  | STREET ADDRESS         | 1406   | 30 Biscayne Bou  | levard #515                         |                                    |                          |  |
| CITY-ST-ZIP   | MIAMI, FL 33056                   |  | CITY-ST-ZIP            |  | ni, FL 33181   |                                     |                                    |                          |  |
| TITLE   | D                                 | Delete   | TITLE                  | ָ ט  |  |                                     | Change                             | ☐ Addition               |  |
| NAME  | YOUNG, NOVELLA                    | •  | NAME                   |  | die Williams   |                                     | , .                                |                          |  |
| STREET ADDRESS  | 1280 NW 174TH STREET              |  | STREET ADDRESS         | 1150   | NW 67th Stree  | T                                   |                                    |                          |  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Criepier 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.

CITY-ST-ZIP

Miami, FL 33150

SIGNATURE: Develop // (1)

NORTH MIAMI, FL 33169

SIGNATURE AND TYPED OR PRINTED NAME/OF SIGNANG OFFICER OR DIRECTOR

4/18/07 35-633-1854 Pato Designer Proce 8