


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2007 08:00 AM
Secretary of State

DOCUMENT # 735934 1. Entity Name NEW COVENANT OF JESUS, INC.	
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Principal Place of Business 206 PENNSYLVANIA AVE. CLEARWATER FL 34615 US	Mailing Address 29081 U.S. HWY 19 NORTH SUITE 389 CLEARWATER FL 33761
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E037 (10/06)

City & State	City & State	4. FEI Number 59-1677869	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MOSLEY, LOYD C 1482 COACHMAN RD. CLEARWATER FL 33516	7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE	PFCO <input type="checkbox"/> Delete
NAME	DENMARK, MARCIA
STREET ADDRESS	29081 U.S. HWY 19 NORTH #389
CITY-STATE-ZIP	CLEARWATER FL 33761
TITLE	STDT <input type="checkbox"/> Delete
NAME	DENMARK, GARRETT S
STREET ADDRESS	1420 ASALEA DR
CITY-STATE-ZIP	PALM HARBOR FL
TITLE	DT <input type="checkbox"/> Delete
NAME	SPATZ, DEBRA
STREET ADDRESS	1206 LAGOON DR
CITY-STATE-ZIP	CLEARWATER FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	U00000628921
STREET ADDRESS	02/16/07-80035-012 61.25
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *MARCIA DENMARK* *Marcia Denmark* 2-6-07 727-787-4891