


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 23, 2008 8:00 am**  
**Secretary of State**

04-23-2008 90037 023 \*\*\*\*61.25

**DOCUMENT # 735934**  
 1. Entity Name  
**NEW COVENANT OF JESUS, INC.**



Principal Place of Business Mailing Address  
**206 PENNSYLVANIA AVE. CLEARWATER FL 34615 US** **29081 U.S. HWY 19 NORTH SUITE 389 CLEARWATER FL 33761**



2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.  
 3. Mailing Address Suite, Apt. #, etc.

1st MOORE CR2E037 (10/07)

City & State City & State

4. FEI Number **59-1677869** Applied For Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

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, 2008**

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<i>Director, Treasurer</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Jonathan Denmark</i>	
STREET ADDRESS	<i>29081 U.S. HWY 19 N. #389</i>	
CITY-ST-ZIP	<i>Clear, Fl. 33761</i>	
TITLE	<i>DIRECTOR, TREASURER</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>JONATHAN, DENMARK</i>	
STREET ADDRESS	<i>29081 U.S. 19 N. #389</i>	
CITY-ST-ZIP	<i>Clear, Fl. 33761</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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** 4-10-2008 727-787-4891