

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 763474

Entity Name: NEW COVENANT INC.

FILED
Jan 06, 2004
Secretary of State

Current Principal Place of Business:

1991 LAKE DR.
CASSELBERRY, FL 32707

New Principal Place of Business:

Current Mailing Address:

1979 VIENNA DR
CASSELBERRY, FL 32707

New Mailing Address:

FEI Number: 59-2258171

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVENPORT, MARK
1604 SHADY OAK DRIVE
KISSIMMEE, FL 34744 US

Name and Address of New Registered Agent:

DAVENPORT, MARK
1592 FRANCOIS CT.
OVIEDO, FL 32765 US

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.

SIGNATURE:

01/06/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GRIER, STEVE
Address: 201 RIVERBEND CT
City-St-Zip: LONGWOOD, FL 32750

Title: S () Delete
Name: HINCHEY, ED
Address: 371 RANDON TERRACE
City-St-Zip: LAKE MARY, FL 32746

Title: T () Delete
Name: RICE, GREG
Address: 240 SHEPPARD ST
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: D () Delete
Name: STEMMEGER, LEON
Address: 811 PIONEER WAY
City-St-Zip: GENEVA, FL 32732

Title: PD () Delete
Name: DAVENPORT, MARK
Address: 1604 SHADY OAK DR
City-St-Zip: KISSIMMEE, FL 34744

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: STEINMEYER, LEON
Address: 811 PIONEER WAY
City-St-Zip: GENEVA, FL 32732

Title: PD (X) Change () Addition
Name: DAVENPORT, MARK
Address: 1592 FRANCOIS CT.
City-St-Zip: OVIEDO, FL 34765

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GREG RICE

T

01/06/2004

Electronic Signature of Signing Officer or Director

Date