2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006
Secretary of State

DOCUMENT# 763474

Entity Name: NEW COVENANT INC.

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
1592 FRANCOIS CT.
OVIEDO, FL 32765 US

Name and Address of New Registered Agent:

HOGG, DAVID
1979 VIENNA DR
CASSELBERRY, FL 32707 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: DAVID HOGG 02/13/2006
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: T ( ) Delete
Name: RICE, GREG
Address: 240 SHEPPARD ST
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

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

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

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: PD (X) Change ( ) Addition
Name: HOGG, DAVID
Address: 1979 VIENNA DRIVE
City-St-Zip: CASSELBERRY, FL 32707

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: DAVID HOGG PD 02/13/2006
Electronic Signature of Signing Officer or Director Date