

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 763474

FILED
Jan 26, 2009
Secretary of State

Entity Name: NEW COVENANT INC.

Current Principal Place of Business:

1991 LAKE DR.
CASSELBERRY, FL 32707

New Principal Place of Business:

1991 LAKE DR.
CASSELBERRY, FL 32707 US

Current Mailing Address:

PO BOX 180735
CASSELBERRY, FL 32718 US

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:

HOGG, DAVID
3055 HIDDEN RIVER CT
OVEIDO, FL 32766 US

Name and Address of New Registered Agent:

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:

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

Title: PD () Delete
Name: HOGG, DAVID
Address: 3055 HIDDEN RIVER CT
City-St-Zip: OVEIDO, FL 32766

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: DEMPSEY, BOB
Address: 2008 SHOSHONEE TRAIL
City-St-Zip: CASSELBERRY, FL 32707

Title: ST (X) Change () Addition
Name: TURNER, BRADLEY
Address: 619 POWELL DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

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

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

I hereby certify that the information supplied with this filing does not qualify 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: BRADLEY TURNER SR

ST

01/26/2009

Electronic Signature of Signing Officer or Director

Date