

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768834

FILED  
Jan 24, 2005  
Secretary of State

**Entity Name:** NEW COVENANT EDUCATIONAL MINISTRIES-FM88/WNCM, INC.

**Current Principal Place of Business:**

2361 CORTEZ ROAD  
JACKSONVILLE, FL 32246 US

**New Principal Place of Business:**

**Current Mailing Address:**

LAW OFFICE WILLIAM MCBRIDE  
5401 S. KIRKMAN RD., #310  
ORLANDO, FL 32819

**New Mailing Address:**

MCBRIDE LAW FIRM, PA  
135 W. CENTRAL BLVD., SUITE 1100  
ORLANDO, FL 32801

**FEI Number:** 59-2445925

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MCBRIDE, WILLIAM R  
5401 SOUTH KIRKMAN RD, SUITE 310  
ORLANDO, FL 32819 US

**Name and Address of New Registered Agent:**

MCBRIDE LAW FIRM, PA  
135 W. CENTRAL BLVD.  
SUITE 1100  
ORLANDO, FL 32801 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: WILLIAM R. MCBRIDE FOR MCBRIDE LAW FIRM,PA

01/24/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: EPPERSON, NANCY A  
Address: 3780 WILL SCARLET ROAD  
City-St-Zip: WINSTON-SALEM, NC 27104

Title: D ( ) Delete  
Name: EPPERSON, STUART W  
Address: 3780 WILL SCARLET ROAD  
City-St-Zip: WINSTON-SALEM, NC 27104

Title: D ( ) Delete  
Name: MCBRIDE, KRISTINE E  
Address: 5277 ISLEWORTH C.C. DRIVE  
City-St-Zip: WINDERMERE, FL 34786

Title: D ( ) Delete  
Name: DE NEUI, KAREN JUNE  
Address: 1546 BRETTON WOOD WAY  
City-St-Zip: LITTLETON, CO 80129

Title: D ( ) Delete  
Name: FONVILLE, KATHRYN J  
Address: 10628 RIDGECREST CIR.  
City-St-Zip: HIGHLANDS RANCH, FL 80129

**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: ( ) 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 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: KRISTINE E. MCBRIDE

D

01/24/2005

Electronic Signature of Signing Officer or Director

Date