


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # N00000003502 1. Entity Name NEW COVENANT DEVELOPMENT CORPORATION	
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Principal Place of Business 4300 NORTHWEST 12TH AVENUE MIAMI, FL 33127	Mailing Address 4300 NORTHWEST 12TH AVENUE MIAMI, FL 33127
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DO NOT WRITE IN THIS SPACE



02162005 No Chg-NP CR2E037 (10/03)

4. FEI Number 31-1760060	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

YOUNG, NOVELLA
1280 NW 174TH STREET
MIAMI, FL 33127

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD PETTAWAY, CLYDE 4300 NORTHWEST 12TH AVENUE MIAMI, FL 33127
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD TYLER-MCINTYRE, PHYLLIS 4300 NORTHWEST 12TH AVENUE MIAMI, FL 33127
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD WILLIAMS, LILLIE M 4300 NORTHWEST 12TH AVENUE MIAMI, FL 33127
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D OWENS, GERALD K 4300 NORTHWEST 12TH AVENUE MIAMI, FL 33127
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEOD MOORE, ALVIN D 4300 NORTHWEST 12TH AVENUE MIAMI, FL 33127
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

N000000359502
05/04/05-80156-009 140.00

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12. I hereby certify that the information supplied with this filing does not qualify 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 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: Lillie M Williams 2-17-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #