

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2005 8:00 am
Secretary of State

02-15-2005 90022 028 ****61.25

DOCUMENT # N00000006930

1. Entity Name
NEW COVENANT HOLY TEMPLE, INC.



Principal Place of Business
**1200 HARLEM ST.
TALLAHASSEE, FL**

Mailing Address
**6795 QUAIL VALLEY ROAD
TALLAHASSEE, FL 32309**

50015473



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02072005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-3717050

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PEYTON, REGINALD K SR
1932 WINDWOOD WAY
TALLAHASSEE, FL 32311**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PT
NAME PEYTON, REGINALD K ☐ Delete
STREET ADDRESS 1932 WINDWOOD WAY
CITY-ST-ZIP TALLAHASSEE, FL 32311

TITLE TR
NAME MILLS, KIM B ☐ Delete
STREET ADDRESS 1200 HARLEM ST.
CITY-ST-ZIP TALLAHASSEE, FL 32304

TITLE S
NAME RICHARDSON, SONJA ☐ Delete
STREET ADDRESS 1440 MELVIN ST.
CITY-ST-ZIP TALLAHASSEE, FL 32301

TITLE S
NAME SYKES, GEORGIA ☐ Delete
STREET ADDRESS 1018 JOE LOUIS ST.
CITY-ST-ZIP TALLAHASSEE, FL 32304

TITLE T
NAME BRADHAM, DEXTER ☐ Delete
STREET ADDRESS 2703 BOATNER ST.
CITY-ST-ZIP TALLAHASSEE, FL 32304

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 6795 Quail Valley Rd.
CITY-ST-ZIP Tallahassee, FL 32309

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Kim B. Mills

2-14-05

(850) 591-3170

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #