


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N00000006930 1. Entity Name NEW COVENANT HOLY TEMPLE, INC.	
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FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 MAY -1 AM 9:29

Principal Place of Business 1200 HARLEM ST. TALLAHASSEE, FL	Mailing Address 6795 QUAIL VALLEY ROAD TALLAHASSEE, FL 32309
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04302008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3717050	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC PEYTON, REGINALD K 1932 WINDWOOD WAY TALLAHASSEE, FL 32311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MILLS, KIM B 6795 QUAIL VALLEY RD TALLAHASSEE, FL 32309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RICHARDSON, SONJA 1440 MELVIN ST. TALLAHASSEE, FL 32301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SYKES, GEORGIA 1018 JOE LOUIS ST. TALLAHASSEE, FL 32304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRADHAM, DEXTER 2703 BOATNER ST. TALLAHASSEE, FL 32304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/01/08--01009--005 **61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 5-1-08 (850) 591-3170

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #