


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 10, 2004 8:00 am**  
**Secretary of State**

03-10-2004 90022 009 \*\*\*\*70.00

<b>DOCUMENT # N01000004844</b>	
1. Entity Name <b>NEW COVENANT FIRSTBORN OUTREACH MINISTRIES, INC.</b>	

Principal Place of Business <b>2901 NW 46TH AVE., APT. 308 LAUDERDALE LAKES, FL 33313</b>	Mailing Address <b>2901 NW 46TH AVE., APT. 308 LAUDERDALE LAKES, FL 33313</b>
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02102004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-1158651</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**KELLINGBECK, VAUGHN  
2901 NW 46TH AVE., APT. 308  
LAUDERDALE LAKES, FL 33313**

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

<b>Filing Fee is \$61.25 Due by May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KELLINGBECK, VAUGHN 2901 NW 46TH AVE., APT. 308 LAUDERDALE LAKES, FL 33313
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NOBLET, ANTHONY 1111 SW 15TH AVE., APT. 205 DEERFIELD BCH, FL 33441
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MALLET, DARLENE 1111 SW 15TH AVE., APT. 205 DEERFIELD BCH, FL 33441
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LEE, DIAN 1421 NW 13TH PLACE FT. LAUDERDALE, FL 33311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 filers empowered.

**SIGNATURE:**  **3/8/04**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #