

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 03, 2007 8:00 am**  
**Secretary of State**

04-03-2007 90010 021 \*\*\*\*\*70.00

**DOCUMENT # N02000002099**

1. Entity Name

**NEW COVENANT MINISTRIES IN CHRIST OF CENTRAL  
FL, INC.**



Principal Place of Business

**641 S. HIGH ST.  
DELAND FL 32720**

Mailing Address

**487 W. BERESFORD RD.  
DELAND FL 32720**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

**641 S. High St.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Deland FL**

Zip

Country

Zip

Country

**32720**

**US**

4. FEI Number

**03-0459005**

Applied For

Not Applicable

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

**HENRY, GREGORY D ADMINIS  
487 W. BERESFORD RD.  
DELAND FL 32114**

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

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2007**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
HENRY, OBADIAH PRESIDE  
487 W. BERESFORD RD.  
DELAND FL 32720**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
SIMS, ROBERT L TRUSTEE  
707 LIBSON PKWY.  
DELAND FL 32720**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
ALONZO, HUDSON TRUSTEE  
229 GRAHAM ST.  
DAYTONA BEACH FL 32114**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
ALBRIGHT, HARRY TRUSTEE  
957 GLENWOOD ST.  
DAYTONA BEACH FL 32117**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ADM.  
HENRY, GREGORY D ADM.  
487 W. BERESFORD RD.  
DELAND FL 32720**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
JONES, NORMA TRUSTEE  
200 W. MOODY BLVD.  
BUNNELL FL 32110**

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 exemptions contained in Section 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 another like empowered.

SIGNATURE:

*Gregory Henry* **Gregory Henry** 02/06/2007 (386) 734-8770