

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Mar 31, 2008 08:00 AM
Secretary of State

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

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



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

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 registering)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2008**

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

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

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

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME **U00000876465**
STREET ADDRESS **04/11/08-80073-025 70.00**
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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 all other like empowered.

SIGNATURE: *x [Signature]*