

**2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Nov 12, 2009**  
**Secretary of State**

DOCUMENT# N02000002099

**Entity Name:** NEW COVENANT MINISTRIES IN CHRIST OF CENTRAL FL, INC.**Current Principal Place of Business:**641 S. HIGH ST.  
DELAND, FL 32720**New Principal Place of Business:****Current Mailing Address:**641 S. HIGH ST.  
DELAND, FL 32720**New Mailing Address:****FEI Number:** 03-0459005**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**HENRY, GREGORY D ADMINIS  
487 W. BERESFORD RD.  
DELAND, FL 32720 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: HENRY, OBADIAH PRESIDE  
Address: 487 W. BERESFORD RD.  
City-St-Zip: DELAND, FL 32720

Title: T ( ) Delete  
Name: SIMS, ROBERT L TRUSTEE  
Address: 707 LIBSON PKWY.  
City-St-Zip: DELAND, FL 32720

Title: T ( ) Delete  
Name: ALONZO, HUDSON TRUSTEE  
Address: 229 GRAHAM ST.  
City-St-Zip: DAYTONA BEACH, FL 32114

Title: T (X) Delete  
Name: HARRY, ALBRIGHT TRUSTEE  
Address: 957 GLENWOOD ST.  
City-St-Zip: DAYTONA BEACH, FL 32117

Title: ADM. ( ) Delete  
Name: HENRY, GREGORY D ADM.  
Address: 487 W. BERESFORD RD.  
City-St-Zip: DELAND, FL 32720 US

Title: T (X) Delete  
Name: JONES, NORMA TRUSTEE  
Address: 200 W. MOODY BLVD.  
City-St-Zip: BUNNELL, FL 32110 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T (X) Change ( ) Addition  
Name: GILES, KEARRIA TRUSTEE  
Address: 1500 VIRGINIA AVE APT.114-C  
City-St-Zip: DAYTONA BEACH, FL 32114

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GREGORY D. HENRY

ADMI

11/12/2009

Electronic Signature of Signing Officer or Director

Date