

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001510

FILED
Feb 03, 2009
Secretary of State

Entity Name: NEW COVENANT FAMILY CENTER INC.

Current Principal Place of Business:

11619 E MLK BLVD
SEFFNER, FL 33584

New Principal Place of Business:

Current Mailing Address:

801 BLUEGRASS LANE
BRANDON, FL 33510

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

VANN, LEROY
801 BLUEGRASS LANE
BRANDON, FL 33510 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: VANN, LEROY
Address: 801 BLUEGRASS LANE
City-St-Zip: BRANDON, FL 33510

Title: D () Delete
Name: BLATCH, TODD
Address: 801 BLUEGRASS LANE
City-St-Zip: BRANDON, FL 33510

Title: TD () Delete
Name: LANGHORNE, ANTHONY
Address: 801 BLUEGRASS
City-St-Zip: BRANDON, FL 33510

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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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: LEROY VANN

P

02/03/2009

Electronic Signature of Signing Officer or Director

Date