

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 18, 2006 08:00 AM**  
**Secretary of State**

|                                                                                                                                   |                                                                                   |
|-----------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # N04000007371</b><br>1. Entity Name<br><b>NEW COVENANT FAITH INITIATIVES COMMUNITY<br/>DEVELOPMENT, INCORPORATED</b> |  |
|-----------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|

Principal Place of Business  
**606 SOUTHWEST BROADWAY STREET  
OCALA, FL 34475-6556**

Mailing Address  
**606 SOUTHWEST BROADWAY STREET  
OCALA, FL 34475-6556**



04162006 No Chg-NP

CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

|                                    |                               |
|------------------------------------|-------------------------------|
| 4. FEI Number<br><b>73-1712938</b> | Applied For<br>Not Applicable |
|------------------------------------|-------------------------------|

|                                                           |                                          |
|-----------------------------------------------------------|------------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional<br>Fee Required |
|-----------------------------------------------------------|------------------------------------------|

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

**LEWIS, ANGELA M  
5009 NW 34TH PLACE  
OCALA, FL 34482**

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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 reappointing)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

|                                                |                                                                   |
|------------------------------------------------|-------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>LEWIS, ANGELA M<br>5009 NW 34TH PLACE<br>OCALA, FL 34482     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>VAN QUYNE, ALFRED S<br>5960 SW 103RD LOOP<br>OCALA, FL 34476 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>SIMPKINS, BENNIE L<br>1104 NW 3RD STREET<br>OCALA, FL 34475  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                   |

U00000518489  
05/02/06-80014-005 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Angela M Lewis* **Angela M Lewis** *April 17, 2006*

Daytime Phone # \_\_\_\_\_