


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 08:00 A
Secretary of State

DOCUMENT # N04000007371


1. Entity Name
 NEW COVENANT FAITH INITIATIVES COMMUNITY DEVELOPMENT, INCORPORATED



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

Mailing Address
 606 SOUTHWEST BROADWAY STREET
 Ocala, FL 34475-6556

DO NOT WRITE IN THIS SPACE



01102007 No Chg-NP CR2E037 (4/06)

4. FEI Number
 73-1712938

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEWIS, ANGELA M
 5009 NW 34TH PLACE
 Ocala, FL 34482

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

000000725992
 05/03/07-80044-021 61.25

10. OFFICERS AND DIRECTORS

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

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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: Alfred S. Van Duyn Alfred S. Van Duyn 4/19/07 (352) 622-7877

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #