

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007371

FILED  
Apr 16, 2009  
Secretary of State

**Entity Name:** NEW COVENANT FAITH INITIATIVES COMMUNITY DEVELOPMENT, INCORPORATED

**Current Principal Place of Business:**

606 SOUTHWEST BROADWAY STREET  
OCALA, FL 344756556

**New Principal Place of Business:**

**Current Mailing Address:**

606 SOUTHWEST BROADWAY STREET  
OCALA, FL 344756556

**New Mailing Address:**

**FEI Number:** 73-1712938

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

VAN DUYNE, ALFRED S  
5960 SW 103RD LOOP  
OCALA, FL 34476 US

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: ALFRED VAN DUYNE

04/16/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: LEWIS, ANGELA M  
Address: 5009 NW 34TH PLACE  
City-St-Zip: Ocala, FL 34482

Title: D ( ) Delete  
Name: VAN DUYNE, ALFRED S  
Address: 5960 SW 103RD LOOP  
City-St-Zip: Ocala, FL 34476

Title: D ( ) Delete  
Name: SIMPKINS, BENNIE L  
Address: 1104 NW 3RD STREET  
City-St-Zip: Ocala, FL 34475

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

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

Title: D (X) Change ( ) Addition  
Name: VAN DUYNE, ALFRED S  
Address: 5960 SW 103RD LOOP  
City-St-Zip: Ocala, FL 34476

Title: D (X) Change ( ) Addition  
Name: ADAMS, SHEILA J  
Address: 6590 SW 111TH LOOP  
City-St-Zip: Ocala, FL 34476

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

Title: D ( ) Change (X) Addition  
Name: FOLKS, ROBERT  
Address: 17818 SE 113TH TERR  
City-St-Zip: SUMMERFIELD, FL 34491

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: ALFRED VAN DUYNE

MR.

04/16/2009

Electronic Signature of Signing Officer or Director

Date