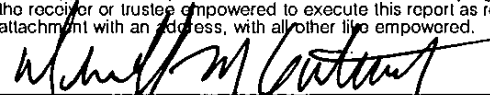


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2007 08:00 AM
Secretary of State

DOCUMENT # N04000008243 1. Entity Name NEW COVENANT REFORMATION MINISTRIES, INCORPORATED					
Principal Place of Business 74 LAKE ARBOR DR. PALM SPRINGS FL 33461		Mailing Address 74 LAKE ARBOR DR. PALM SPRINGS FL 33461			
2. Principal Place of Business - No P.O. Box # 		3. Mailing Address 			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State 		City & State 		4. FEI Number 71-0957662	
Zip 		Country 		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CARTWRIGHT, DERALD M 74 LAKE ARBOR DR. PALM SPRINGS FL 33461				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 re-registering)					
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD CARTWRIGHT, DERALD M 74 LAKE ARBOR DR. PALM SPRINGS FL 33461	☐ Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TD BASTIAN-CARTWRIGHT, PENNY 74 LAKE ARBOR DR. PALM SPRINGS FL 33461	☐ Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	SD FRAZIER, TERESA 1641 NW 1ST CT. BOYNTON BCH FL 33435	☐ Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	S SWEET, MILDRED 463 LANCASTER ST. BOCA RATON FL 33482	☐ Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 recipient 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 life empowered.				U000000730678 05/08/07-80090-007 61.25	
SIGNATURE: 				Date: 4.25.07 Doc# Phone #: 561/635-5763	