

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009385

FILED
Apr 27, 2009
Secretary of State

Entity Name: NEW COVENANT OF FAITH INT'L MINISTRIES INC.

Current Principal Place of Business:

6600 HOFFNER AVE
ORLANDO, FL 32822

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 678757
ORLANDO, FL 32867

New Mailing Address:

FEI Number: 20-1658771

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PITTMAN, WILLIAM K
6600 HOFFNER AVE
ORLANDO, FL 32822 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: PITTMAN, WILLIAM K
Address: P.O. BOX 678757
City-St-Zip: ORLANDO, FL 32867

Title: VP () Delete
Name: PITTMAN, LORETTA A
Address: P.O. BOX 678757
City-St-Zip: ORLANDO, FL 32867

Title: T () Delete
Name: SMITH, JESSICA
Address: 7667 REX HILL DR
City-St-Zip: ORLANDO, FL 32789

Title: T () Delete
Name: VERNON, ROBERT PASTOR
Address: 6220 ALL AMERICAN BLVD
City-St-Zip: ORLANDO, FL 32810

Title: T () Delete
Name: KIRTSEY, BRIAN
Address: 690 DURANGO WAY
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: T (X) Change () Addition
Name: ROBERTS, MYRTLE
Address: P.O. BOX 608253
City-St-Zip: ORLANDO, FL 32860

Title: T (X) Change () Addition
Name: CALDWELL, CARL P PASTOR
Address: 1784 CLARCON ROAD
City-St-Zip: ORLANDO, FL 32707

Title: T (X) Change () Addition
Name: KIRKLAND, JAMES A PASTOR
Address: P.O. BOX 682025
City-St-Zip: ORLANDO, FL 32868

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: LORETTA A PITTMAN

VP

04/27/2009

Electronic Signature of Signing Officer or Director

Date