

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000000125

FILED
May 27, 2008
Secretary of State

Entity Name: NEW COVENANT KINGDOM MINISTRIES INC.

Current Principal Place of Business:

212 SW BRYANT AVE.
FT. WHITE, FL 32038

New Principal Place of Business:

Current Mailing Address:

PO BOX 160
FT. WHITE, FL 32038

New Mailing Address:

FEI Number: 20-2944002 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CASTRO, DAVID A
212 SW BRYANT AVE
FT. WHITE, FL 32038 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CASTRO, DAVID A
Address: 212 SW BRYANT AVE.
City-St-Zip: FT. WHITE, FL 32038

Title: VP () Delete
Name: CASTRO, GABRIEL J
Address: 10125 SW 91ST TER.
City-St-Zip: MIAMI, FL 33176

Title: TREA () Delete
Name: CASTRO, MARLENE E
Address: 212 SW BRYANT AVE.
City-St-Zip: FT. WHITE, FL 32038

Title: SEC (X) Delete
Name: VAZQUEZ, TANIA
Address: 10621 SW 88TH ST SUITE 113
City-St-Zip: MIAMI, FL 33176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: DAVID A CASTRO

PD

05/27/2008

Electronic Signature of Signing Officer or Director

Date