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Mar 26 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N07699 (4)

1. Corporation Name

NEW COVENANT MISSIONARY WORLD OUTREACH CENTER, INCORPORATED

Principal Place of Business

Mailing Address

252 AVE E
PORT ST. JOE FL 32456
US252 AVE E
PORT ST. JOE FL 32456-1524
US3. Date Incorporated or Qualified
02/18/19853a. Date of Last Report
01/24/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

59-2595775

Applied For

Not Applicable

5. Certificate of Status Desired

☒\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WARD, DEBBIE Y.
101 BAY STREET
PORT ST. JOE FL 32456

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME PITTMAN, NAPOLEON

STREET ADDRESS 252 AVENUE E

CITY-ST-ZIP PORT ST. JOE FL

TITLE VS ☐ DELETE

NAME PITTMAN, PHYLLIS A.

STREET ADDRESS 252 AVENUE E

CITY-ST-ZIP PORT ST. JOE FL

TITLE D ☐ DELETE

NAME WARD, ARION

STREET ADDRESS 101 BAY STREET

CITY-ST-ZIP PORT ST. JOE FL

TITLE TD ☐ DELETE

NAME WARD, DEBBIE Y.

STREET ADDRESS 101 BAY STREET

CITY-ST-ZIP PORT ST. JOE FL

TITLE D ☐ DELETE

NAME GANT, LINDA R.

STREET ADDRESS 103 BROAD ST

CITY-ST-ZIP PORT ST. JOE FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13a) change only or on an attachment with an address.

SIGNATURE:

PHYLLIS A. PITTMAN

21 MARCH 97 (924) 229-8137

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone 6010280

CR2E037 (9/96)