

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N07699

1. Entity Name

NEW COVENANT MISSIONARY WORLD OUTREACH CENTER, I
NCORPORATED

Principal Place of Business

Mailing Address

252 AVE E
PORT ST. JOE FL 32456
US

252 AVE E
PORT ST. JOE FL 32456
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2595775

Applied For

Not Applicable.

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PITTMAN, NAPOLEON 252 AVENUE E PORT ST. JOE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS PITTMAN, PHYLLIS A. 252 AVENUE E PORT ST. JOE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARD, ARION 101 BAY STREET PORT ST. JOE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WARD, DEBBIE Y. 101 BAY STREET PORT ST. JOE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GANT, LINDA R. 103 BROAD ST PORT ST. JOE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I 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 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 receiver 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 a address, with all other like empowered.

SIGNATURE:

PHYLLIS A. PITTMAN

28 JAN 02 (850) 229-8137

Date

Daytime Phone #

CR2E037 (9/01)