

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 08:00 A
Secretary of State

DOCUMENT # N07699

1. Entity Name
**NEW COVENANT MISSIONARY WORLD OUTREACH
CENTER, INCORPORATED**



Principal Place of Business
**252 AVE E
PORT ST. JOE, FL 32456 US**

Mailing Address
**252 AVE E
PORT ST. JOE, FL 32456 US**



04192005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2595775	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

PLEASE WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

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 renouncing)

DATE _____

**Filing Fee is \$81.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PITTMAN, NAPOLEON 252 AVENUE E PORT ST. JOE, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS PITTMAN, PHYLLIS A. 252 AVENUE E PORT ST. JOE, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARD, ARION 101 BAY STREET PORT ST. JOE, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WARD, DEBBIE Y. 101 BAY STREET PORT ST. JOE, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GANT, LINDA R. 103 BROAD ST PORT ST. JOE, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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1100000730350
04/25/05-80155-007 70.00

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 an address, with all other like empowered.

SIGNATURE:

Phyllis A. Pittman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

20 Apr. 05

Date

850 2298137

Daytime Phone #