2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # N07699

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

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

DO NOT WRITE IN THIS SPACE

02132006 No Chg-NP CR2E037 (11/05)

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

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

H00000447695
03/08/06-80082-018 70.00

10. OFFICERS AND DIRECTORS

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

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 23Feb.06 850 229-8137
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #