

**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	
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Principal Place of Business 252 AVE E PORT ST. JOE, FL 32456 US	Mailing Address 252 AVE E PORT ST. JOE, FL 32456 US
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DO NOT WRITE IN THIS SPACE



02132006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-2595775	Applied For Not Applicable
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5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

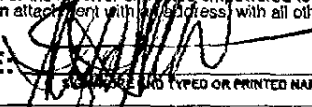
1100000447605
03/08/06-80062-018 70.00

10. OFFICERS AND DIRECTORS

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

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IN THIS SPACE**

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 the duly 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 address, with all other like empowered.

SIGNATURE: 

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Phyllis A. Pittman

23 Feb. 06

Date

850 229-8137

Daytime Phone #