

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07699

FILED  
Apr 28, 2009  
Secretary of State

**Entity Name:** NEW COVENANT MISSIONARY WORLD OUTREACH CENTER, INCORPORATED

**Current Principal Place of Business:**

252 AVE E  
PORT ST. JOE, FL 32456 US

**New Principal Place of Business:**

**Current Mailing Address:**

252 AVE E  
PORT ST. JOE, FL 32456 US

**New Mailing Address:**

**FEI Number:** 59-2595775

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: PITTMAN, NAPOLEON  
Address: 252 AVENUE E  
City-St-Zip: PORT ST. JOE, FL

Title: VS ( ) Delete  
Name: PITTMAN, PHYLLIS A  
Address: 252 AVENUE E  
City-St-Zip: PORT ST. JOE, FL

Title: D ( ) Delete  
Name: WARD, ARION  
Address: 101 BAY STREET  
City-St-Zip: PORT ST. JOE, FL

Title: TD ( ) Delete  
Name: WARD, DEBBIE Y  
Address: 101 BAY STREET  
City-St-Zip: PORT ST. JOE, FL

Title: D ( ) Delete  
Name: GANT, LINDA R  
Address: 103 BROAD ST  
City-St-Zip: PORT ST. JOE, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NAPOLEON PITTMAN

PD

04/28/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date