

2012 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N09000000016

FILED
Jan 12, 2012
Secretary of State

Entity Name: NEW COVENANT CULTURAL CENTRE, INC.

Current Principal Place of Business:

2553 E. IRLO BRONSON MEMORIAL HIGHWAY
KISSIMMEE, FL 34744

New Principal Place of Business:

819 N CENTRAL AVE
KISSIMMEE, FL 34741

Current Mailing Address:

2553 E. IRLO BRONSON MEMORIAL HIGHWAY
KISSIMMEE, FL 34744

New Mailing Address:

819 N CENTRAL AVE
KISSIMMEE, FL 34741

FEI Number: 61-1585189

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAXWELL, ROMANDA
2812 EAGLE EYE CT
KISSIMMEE, FL 34746 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: ROMANDA MAXWELL

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: WOLLISTON, ALVIN R
Address: 819 N CENTRAL AVE
City-St-Zip: KISSIMMEE, FL 34741

Title: V
Name: WOLLISTON, BARBARA G
Address: 819 N CENTRAL AVE
City-St-Zip: KISSIMMEE, FL 34741

Title: A
Name: MAXWELL, ROMANDA J
Address: 2812 EAGLE EYE CT
City-St-Zip: KISSIMMEE, FL 34746

Title: T
Name: HARRISON, GIRVIN
Address: 11742 SIR WINSTON WAY
City-St-Zip: ORLANDO, FL 32824

I hereby 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 all other like empowered.

SIGNATURE: ALVIN WOLLISTON

P

01/12/2012

Electronic Signature of Signing Officer or Director

Date