


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 16, 2005 8:00 am
Secretary of State

08-16-2005 90039 039 ****70.00

DOCUMENT # N12904	
1. Entity Name NEW COVENANT FAITH FELLOWSHIP CHURCH, INC.	

Principal Place of Business 4111 COLUMBIA ST ORLANDO FL 32811	Mailing Address C/O SHERMAN ADAMS 2808 MESSINA AVE. ORLANDO FL 32811 US
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2. Principal Place of Business 4514 CONLEY STREET	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State ORLANDO FLORIDA	City & State
Zip 32811	Country
Country ORANGE	Zip

1st MOORE CR2E037 (10/04)	
4. FEI Number 59-2651373	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ADAMS, SHERMAN 2808 MESSINA AVE. ORLANDO FL 32811	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 *Sherman Adams (AGENT)* **8-10-2005**
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTMD ADAMS, SHERMAN 2808 MESSINA AVE. ORLANDO FL 32811 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LILLIAN ADAMS 3301 SPAUDING RD ORLANDO FL 32805 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition LILLIAN ADAMS 2808 MESSINA AVE. ORLANDO, FLORIDA 32811
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MICHAEL LEE PORTER 3903 PINTAIL CT ORLANDO FL 32822 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUTHER LEE HENDERSON 702 QUILL AVE #1 ORLANDO FL 32805 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NELLIE GRACE ADAMS 2808 MESSINA AVE ORLANDO FL 32811 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NELLIE GRACE ADAMS 2808 MESSINA AVE. ORLANDO FLORIDA 32811
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition JACQUELINE D. BIZZELL 1333 KOZART ST. ORLANDO, FLORIDA 32811

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: *Sherman Adams* **8-10-2005 (407) 422-7426**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #