

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**DOCUMENT # N12904**

1. Entity Name

NEW COVENANT FAITH FELLOWSHIP CHURCH, INC.



**FILED**  
**Jul 22, 2008 08:00 AM**  
**Secretary of State**



Principal Place of Business

4514 CONLEY STREET  
ORLANDO FL 32811  
US

Mailing Address

C/O SHERMAN ADAMS  
2808 MESSINA AVE.  
ORLANDO FL 32811  
US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2651373

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

2nd MOORE

CR2E037 (4/08)

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

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*

(NOTE: Registered Agent signature required when re-registering)

7-18-2008

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By September 3, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PTMD ☐ Delete  
NAME ADAMS, SHERMAN  
STREET ADDRESS 2808 MESSINA AVE.  
CITY-ST-ZIP ORLANDO FL 32811

TITLE VD ☐ Delete  
NAME ADAMS, LILLAN  
STREET ADDRESS 2808 MESSINA AVENUE  
CITY-ST-ZIP ORLANDO FL 32811

TITLE D ☐ Delete  
NAME BIZZELL, JACQUELINE D  
STREET ADDRESS 1333 KÖZART STREET  
CITY-ST-ZIP ORLANDO FL 32811

TITLE D ☐ Delete  
NAME LUTHER LEE HENDERSON  
STREET ADDRESS 702 QUILL AVE #1  
CITY-ST-ZIP ORLANDO FL 32805

TITLE VSD ☐ Delete  
NAME NELLIE GRACE ADAMS  
STREET ADDRESS 2808 MESSINA AVE  
CITY-ST-ZIP ORLANDO FL 32811

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS U00000955716  
CITY-ST-ZIP 07/22/08-80003-005 61.25

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Sherman Adams*

7-18-2008

(407) 442-7426