

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13706

FILED
Apr 19, 2005
Secretary of State

Entity Name: NEW COVENANT PERFECTING MINISTRIES, INC.

Current Principal Place of Business:

1190 APOPKA BLVD
APOPKA, FL 32703

New Principal Place of Business:

Current Mailing Address:

1190 APOPKA BLVD
APOPKA, FL 32703

New Mailing Address:

FEI Number: 59-2828495

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHITEHURST, JULIA E.
4739 SPANIEL ST
ORLANDO, FL 32818 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: CPD () Delete
Name: WHITEHURST, JULIA E.,
Address: 4739 SPANIEL ST
City-St-Zip: ORLANDO, FL

Title: CVD () Delete
Name: TAYLOR, PARIS (VICE),
Address: 6920 THOUSAND OAKS RD
City-St-Zip: ORLANDO, FL

Title: TD () Delete
Name: THOMPSON, TYRONNE,
Address: 4291 CLARINDA ST
City-St-Zip: ORLANDO, FL

Title: SD () Delete
Name: BUTLER, CLARISSA,
Address: 2460 BYRD AVE.
City-St-Zip: SANFORD, FL

Title: D () Delete
Name: DOCK, MATTIE,
Address: 19 FANFAIR ST.
City-St-Zip: ORLANDO, FL

Title: EVP () Delete
Name: TAYLOR, DEBREITA
Address: 231 KENT ST
City-St-Zip: ORLANDO, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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Name:
Address:
City-St-Zip:

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Address:
City-St-Zip:

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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 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 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: JULIA E. WHITEHURST

CPD

04/19/2005

Electronic Signature of Signing Officer or Director

Date