

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19165

FILED  
Jan 21, 2007  
Secretary of State

**Entity Name:** NEW COVENANT COMMUNITY CHURCH INC.

**Current Principal Place of Business:**

8103 INDRIO RD.  
FT. PIERCE, FL 34951

**New Principal Place of Business:**

**Current Mailing Address:**

8103 INDRIO RD.  
FT. PIERCE, FL 34951

**New Mailing Address:**

**FEI Number:** 59-2829250

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WOMACK, MARY FRANCES  
445 35TH AVENUE  
VERO BEACH, FL 32968 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: D ( ) Delete  
Name: WOMACK, MARY FRANCES  
Address: 445 35TH AVENUE  
City-St-Zip: VERO BEACH, FL 32968

Title: D ( ) Delete  
Name: MARTIN, HERB  
Address: 4890 SPARKLING PINES CIRCLE  
City-St-Zip: FORT PIERCE, FL 34951

Title: O (X) Delete  
Name: BROCK-STEELE, JENI  
Address: 8605 PENNY LANE  
City-St-Zip: FORT PIERCE, FL 34951

Title: D ( ) Delete  
Name: WOMACK, JAMES A  
Address: 445 35TH AVENUE  
City-St-Zip: VERO BEACH, FL 32968 US

Title: O ( ) Delete  
Name: ELLERS, SHIRLEY  
Address: 4890 SPARKLING PINES CIRCLE  
City-St-Zip: FORT PIERCE, FL 34951

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

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

Title: D (X) Change ( ) Addition  
Name: MARTIN, HERB  
Address: 137 LIBERTY WAY  
City-St-Zip: FORT PIERCE, FL 34951

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

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

Title: D (X) Change ( ) Addition  
Name: ELLERS, SHIRLEY  
Address: 137 LIBERTY WAY  
City-St-Zip: FORT PIERCE, FL 34951

I hereby certify that the information supplied with this filing does not qualify for the 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: MARY FRANCES WOMACK

D

01/21/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date