2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19165

FILED Feb 11, 2009 Secretary of State

Entity Name: NEW COVENANT COMMUNITY CHURCH INC.

Current Principal Place of Business: New Principal Place of Business:

8103 INDRIO RD. FT.PIERCE, FL 34951

Current Mailing Address: New Mailing Address:

8103 INDRIO RD. FT.PIERCE, FL 34951

FEI Number: 59-2829250 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

WOMACK, MARY FRANCES

445 35TH AVENUE

VERO BEACH, FL 32968 US

WOMACK, MARY FRANCES

445 35TH AVENUE

VERO BEACH, FL 32968 US

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: MARY FRANCES WOMACK 02/11/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: O () Delete Title: () Change () Addition
Name: WOMACK, MARY FRANCES Name:

 Name:
 WOMACK, MARY FRANCES
 Name:

 Address:
 445 35TH AVENUE
 Address:

 City-St-Zip:
 VERO BEACH, FL 32968 US
 City-St-Zip:

Address: 5312 BOWLING GREEN DR Address: 5312 BOWLING GREEN DR City-St-Zip: FORT PIERCE, FL 34951 US FORT PIERCE, FL 34951 US

Title: D () Delete Title: O (X) Change () Addition

Name:WOMACK, JAMES AName:WOMACK, JAMES AAddress:445 35TH AVENUE445 35TH AVENUE

City-St-Zip: VERO BEACH, FL 32968 US City-St-Zip: VERO BEACH, FL 32968 US

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad (\) \, {\sf Delete} \qquad \qquad {\sf Title:} \qquad {\sf O} \qquad ({\sf X}) \, {\sf Change} \, (\) \, {\sf Addition}$

Name:COLON, WALESKAName:COLON, WALESKAAddress:5631 SUNBERRY CIRCLEAddress:5631 SUNBERRY CIRCLECity-St-Zip:FORT PIERCE, FL 34951 USFORT PIERCE, FL 34951 US

I hereby certify that the information supplied with this filing does not qualify 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 O 02/11/2009