## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Mar 12, 2004 8:00 am **Secretary of State** DOCUMENT # N19206 1. Entity Name 03-12-2004 90012 039 \*\*\*\*70.00 NEW COVENANT BAPTIST CHURCH OF BROOKSVILLE. Principal Place of Business Mailing Address 11014 N BROAD ST BROOKSVILLE FL 34605 US 11014 N BROAD ST 2401/204 **BROOKSVILLE FL 34605** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State City & State 4. FEI Number Applied For 59-2202975 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CHESSER, WALTER CULLEN Street Address (P.O. Box Number is Not Acceptable) 11054 N. BROAD ST. **BROOKSVILLE FL 34601** City 8. The above named entity submits this statement for the purpose of charging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registere plagent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. Presiden Walter Cullen Change Chesser Walter Cullen Change Delete TITLE TITLE EMERSON, VIOLA NAME 21397 CANAL DR. STREET ADDRESS STREET ADDRESS **BROOKSVILLE FL 34601** CITY-ST-ZIP CITY-ST-ZIP Brookstille, FL. 34601 TITLE Delete TIT) F ☐ Addition MCCALL, GENE NAME 7122 SOUTH FLORIDA AVE. STREET ADDRESS STREET ADDRESS FLORAL CITY FL 34436 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ■ Addition WHITE, BUFORD - \* \* NAME NAME 18293 FT. DATE AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BROOK\$VILLE:FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NEWTON, CYNTHIA NAME NAME 6290 COVEWOOD DR. STREET ADDRESS STREET ADDRESS SPRING HILL FL 34607 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS C/TY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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

**SIGNATURE** 

FILED

127/2004(407)492-760