


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 23, 2006 8:00 am
Secretary of State

06-23-2006 90008 026 ****61.25

DOCUMENT # N19206	
1. Entity Name NEW COVENANT BAPTIST CHURCH OF BROOKSVILLE, INC.	

Principal Place of Business 11014 N BROAD ST BROOKSVILLE, FL 34605 US	Mailing Address 11014 N BROAD ST BROOKSVILLE, FL 34605 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

400000



05122006 Chg-NP CR2E037 (4/06)

4. FEI Number 59-2202975	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CHESSER, WALTER CULLEN 11054 N. BROAD ST. BROOKSVILLE, FL 34601		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 _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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Filing Fee is \$61.25 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CULLEN, CHESSER WALTER 11054 N. BROAD ST BROOKSVILLE, FL 34601 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Judy <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MCCALL, GENE 7122 SOUTH FLORIDA AVE. FLORAL CITY, FL 34436 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Judy Parrott 32905 Jacobson Road Brooksville, FL 34601 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WHITE, BUFORD 18293 FT. DATE AVENUE BROOKSVILLE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RUDOLPH, CLARENCE P.O. BOX 152802 TAMPA, FL 33684 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <u>Walter Cullen Chesser</u>	<u>Cullen Chesser</u>	<u>06/21/06</u>	<u>352 797-9702</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #



ATTACHMENT 40096775
Division of Corporations

Annual Report

[Annual Report Help](#)Document Number
N19206

Business Entity Name

NEW COVENANT BAPTIST CHURCH OF BROOKSVILLE, INC.

FEI Number

592202975

FEI Number Status

☒ Listed Above ☐ Applied For ☐ Not Applicable

Certificate of Status Desired

☐ Yes ☒ No \$8.75 eachElection Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

Principal Place of Business

Address 11014 N BROAD ST
Suite, Apt. #, etc.
City, State BROOKSVILLE, FL
Zip Code & Country 34605 US

Mailing Address

Address 11014 N BROAD ST
Suite, Apt. #, etc.
City, State BROOKSVILLE, FL
Zip Code & Country 34605 US

Name and Address of Registered Agent

Name (Last, First, Middle, Title) CHESSER, WALTER CULLEI, ,

- OR -

Business to serve as RA

Address (PO Box is not acceptable) 11054 N. BROAD ST.
Suite, Apt. #, etc.
City, State BROOKSVILLE, FL
Zip Code & Country 34601 US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business

entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes.

Officer/Director Name and Address

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title	<u>P</u>
Name (Last, First, Middle, Title)	<u>CULLEN</u> , <u>CHESSER WALT</u> , ,
- OR -	
Entity Name to serve as Officer/Director	<u></u>
Street Address	<u>11054 N. BROAD ST</u>
City, State	<u>BROOKSVILLE</u> , <u>FL</u>
Zip Code & Country	<u>34601</u>
Title	<u>D</u>
Name (Last, First, Middle, Title)	<u>MCCALL</u> , <u>GENE</u> , ,
- OR -	
Entity Name to serve as Officer/Director	<u>REMOVE</u>
Street Address	<u>7122 SOUTH FLORIDA AVE.</u>
City, State	<u>FLORAL CITY</u> , <u>FL</u>
Zip Code & Country	<u>34436</u>
Title	<u>D</u>
Name (Last, First, Middle, Title)	<u></u> , <u></u> , <u></u> , <u></u>
- OR -	
Entity Name to serve as Officer/Director	<u>WHITE, BUFORD</u>
Street Address	<u>18293 FT. DATE AVENUE</u>
City, State	<u>BROOKSVILLE</u> , <u>FL</u>
Zip Code & Country	<u></u>
Title	<u>D</u>

#N19206

Name (Last, First, Middle, Title)

RUDOLPH . . , CLARENCE , ,

- OR -

Entity Name to serve as
Officer/Director

Street Address

P.O. BOX 152802

City, State

TAMPA , FL

Zip Code & Country

33684

Title

D

Name (Last, First, Middle, Title)

Parrott , Judy , ,

- OR -

Entity Name to serve as
Officer/Director

Street Address

22905 Jacobson Rd

City, State

Brooksville , FL

Zip Code & Country

34601

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

P

Officer/Director Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

Continue

Reset