


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N28831 1. Entity Name NEW COVENANT CHRISTIAN MINISTRIES, INC.	
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FILED

05 MAY 31 AM 11:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 3256 WELLINGTON RD. PENSACOLA, FL 32504 US	Mailing Address 3256 WELLINGTON RD. PENSACOLA, FL 32504 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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05312005 Chg-NP CR2E037 (10/03)

City & State Zip Country	City & State Zip Country
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4. FEI Number 59-2955490	Applied For Not Applicable
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6. Name and Address of Current Registered Agent KNIGHT, SHERRELL L 2712 W. THARPE ST. #B16 TALLAHASSEE, FL 32303	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by September 7, 2005	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	DP KNIGHT, ROSS O. JR. <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNIGHT, ROSS O. JR.	NAME	900055983639
STREET ADDRESS	3256 WELLINGTON ROAD	STREET ADDRESS	06/09/05--01071--008 **70.00
CITY-ST-ZIP	PENSACOLA, FL 32504	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNIGHT, SHARON G	NAME	
STREET ADDRESS	3256 WELLINGTON ROAD	STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA, FL 32504	CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRADLEY, REGINALD	NAME	
STREET ADDRESS	4840 LIVINGSTON DR.	STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA, FL 32504	CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BATTLE, JUDY A	NAME	
STREET ADDRESS	3805 N. 11TH AVE.	STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA, FL 32503	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PICKETT, BRYANT A	NAME	
STREET ADDRESS	8242 EMPEROR ROAD	STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA, FL 32514	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNIGHT, SHERRELL L	NAME	
STREET ADDRESS	2712 W. THARPE ST #B16	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 32303	CITY-ST-ZIP	

12. 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ross O Knight Jr. 5/31/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #