

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 06, 2006 08:00 AM
Secretary of State

DOCUMENT # N28831 1. Entity Name NEW COVENANT CHRISTIAN MINISTRIES, INC.					
Principal Place of Business 3256 WELLINGTON RD. PENSACOLA, FL 32504 US			Mailing Address 3256 WELLINGTON RD. PENSACOLA, FL 32504 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2955490	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KNIGHT, SHERRELL L 2712 W. THARPE ST. #B16 TALLAHASSEE, FL 32303			Name Street Address (P.O. Box Number is Not Acceptable) City		
			State 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 _____					
Filing Fee is \$61.25 Due by September 7, 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			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KNIGHT, ROSS O. JR.		NAME		
STREET ADDRESS	3256 WELLINGTON ROAD		STREET ADDRESS		
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: <i>Ross O Knight Jr.</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: <i>9/02/06</i> Daytime Phone #		