

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 12, 2007 8:00 am**  
**Secretary of State**

06-12-2007 90111 002 \*\*\*\*70.00

**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**

40120549



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05312005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
**59-2955490**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

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

**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:

Signature, typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee Is \$61.25  
 Due by September 7, 2007**

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$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  Delete  
 NAME KNIGHT, ROSS O. JR.  
 STREET ADDRESS 3256 WELLINGTON ROAD  
 CITY-ST-ZIP PENSACOLA, FL 32504

TITLE  Change  Addition  
 NAME Charles Givens  
 STREET ADDRESS 7460 Klondike Rd  
 CITY-ST-ZIP Pensacola, FL 32526

TITLE VP  Delete  
 NAME KNIGHT, SHARON G  
 STREET ADDRESS 3256 WELLINGTON ROAD  
 CITY-ST-ZIP PENSACOLA, FL 32504

TITLE  Change  Addition  
 NAME Charlie Washington  
 STREET ADDRESS 747 Twinkle St  
 CITY-ST-ZIP Pensacola, FL 32504

TITLE DT  Delete  
 NAME BRADLEY, REGINALD  
 STREET ADDRESS 4840 LIVINGSTON DR.  
 CITY-ST-ZIP PENSACOLA, FL 32504

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE DS  Delete  
 NAME BATTLE, JUDY A  
 STREET ADDRESS 3805 N. 11TH AVE.  
 CITY-ST-ZIP PENSACOLA, FL 32503

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE D  Delete  
 NAME PICKETT, BRYANT A  
 STREET ADDRESS 8242 EMPEROR ROAD  
 CITY-ST-ZIP PENSACOLA, FL 32514

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE D  Delete  
 NAME KNIGHT, SHERRELL L  
 STREET ADDRESS 2712 W. THARPE ST #B16  
 CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 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.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/27/07 850 477-7564

Date

Daytime Phone #