

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90134 049 ****70.00



DOCUMENT # N28981

1. Entity Name

**NEW COVENANT HOLINESS DELIVERANCE CHURCH OF
LAKE PLACID, FLORIDA, INC.**

Principal Place of Business

152 ANDERSON STREET
LAKE PLACID FL 33852

Mailing Address

P.O. BOX 2737
LAKE PLACID FL 33862
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

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SHOLTZ, JOHNNIE JR
152 ANDERSON ST
LAKE PLACID FL 33852**

7. Name and Address of New Registered Agent

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	SHOLTZ, JOHNNIE JR	
STREET ADDRESS	152 ANDERSON STREET	
CITY-ST-ZIP	LAKE PLACID FL 33852	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SHOLTZ, BEULAH M	
STREET ADDRESS	152 ANDERSON STREET	
CITY-ST-ZIP	LAKE PLACID FL 33852	
TITLE	S	<input type="checkbox"/> Delete
NAME	WYCHE, MARY L	
STREET ADDRESS	153 MAIN STREET	
CITY-ST-ZIP	LAKE PLACID FL 33852	
TITLE	D	<input type="checkbox"/> Delete
NAME	WYCHE, ELLIOT SR	
STREET ADDRESS	153 MAIN STREET	
CITY-ST-ZIP	LAKE PLACID FL 33852	
TITLE	D	<input type="checkbox"/> Delete
NAME	CRENSHAW, LAMAR	
STREET ADDRESS	104 CARVER STREET	
CITY-ST-ZIP	LAKE PLACID FL 33852	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Chapple, Prudence	
STREET ADDRESS	104 Curve St Lake Placid, Fl 33852	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Johnnie Sholtz Jr.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/05/863 4652769
Date Daytime Phone #