


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 17, 2006 08:00 AM
Secretary of State

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 Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		1st MOORE CR2E037 (10/05)	
Zip	Country	Zip	Country	4. FEI Number NO-T APPLICABLE	Applied For Not Applicable
6. Name and Address of Current Registered Agent SHOLTZ, JOHNNIE JR 152 ANDERSON ST LAKE PLACID FL 33852				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remaining)

FILE NOW: FEE IS \$61.25 Due By May 1, 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	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHAPPLE, PRUDENCE			NAME			
STREET ADDRESS	104 CURVE ST			STREET ADDRESS			
CITY-ST-ZIP	LAKE PLACID FL 33852			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHOLTZ, BEULAH M			NAME			
STREET ADDRESS	152 ANDERSON STREET			STREET ADDRESS			
CITY-ST-ZIP	LAKE PLACID FL 33852			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WYCHE, MARY L			NAME			
STREET ADDRESS	153 MAIN STREET			STREET ADDRESS			
CITY-ST-ZIP	LAKE PLACID FL 33852			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WYCHE, ELLIOT SR			NAME			
STREET ADDRESS	153 MAIN STREET			STREET ADDRESS			
CITY-ST-ZIP	LAKE PLACID FL 33852			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CRENSHAW, LAMAR			NAME			
STREET ADDRESS	104 CARVER STREET			STREET ADDRESS			
CITY-ST-ZIP	LAKE PLACID FL 33852			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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03/29/06-80001-007 70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Johnnie Sholtz JR* *03/29/06-80001-007 70.00*