

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2007 08:00 A
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
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E037 (10/06)

City & State	City & State	4. FEI Number NO-T APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000747513 05/17/07-80027-025 61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 4/26/07 8634652769