


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 04, 2008 08:00 A
Secretary of State

DOCUMENT # N28981 1. Entity Name NEW COVENANT HOLINESS DELIVERANCE CHURCH OF LAKE PLACID, FLORIDA, INC.	
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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 #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E037 (10/07)

4. FEI Number NO-T APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SHOLTZ, JOHNNIE JR 152 ANDERSON ST LAKE PLACID FL 33852	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 re-registering) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2008	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 CHAPPLE, PRUDENCE	TITLE	U00000881995
NAME	104 CURVE ST	NAME	04/16/08-80023-002 70.00
STREET ADDRESS	LAKE PLACID FL 33852	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VD SHOLTZ, BEULAH M	TITLE	
NAME	152 ANDERSON STREET	NAME	
STREET ADDRESS	LAKE PLACID FL 33852	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	S WYCHE, MARY L	TITLE	
NAME	153 MAIN STREET	NAME	
STREET ADDRESS	LAKE PLACID FL 33852	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D WYCHE, ELLIOT SR	TITLE	
NAME	153 MAIN STREET	NAME	
STREET ADDRESS	LAKE PLACID FL 33852	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D CRENSHAW, LAMAR	TITLE	
NAME	104 CARVER STREET	NAME	
STREET ADDRESS	LAKE PLACID FL 33852	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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* *4/2/08*