

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 20, 2009
Secretary of State**

DOCUMENT# N28981

Entity Name: NEW COVENANT HOLINESS DELIVERANCE CHURCH OF LAKE PLACID, FLORIDA, INC.

Current Principal Place of Business:

152 ANDERSON STREET
LAKE PLACID, FL 33852

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2737
LAKE PLACID, FL 33862 US

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CHAPPLE, PRUDENCE
Address: 104 CURVE ST
City-St-Zip: LAKE PLACID, FL 33852

Title: VD () Delete
Name: SHOLTZ, BEULAH M
Address: 152 ANDERSON STREET
City-St-Zip: LAKE PLACID, FL 33852

Title: S () Delete
Name: WYCHE, MARY L
Address: 153 MAIN STREET
City-St-Zip: LAKE PLACID, FL 33852

Title: D () Delete
Name: WYCHE, ELLIOT SR
Address: 153 MAIN STREET
City-St-Zip: LAKE PLACID, FL 33852

Title: D () Delete
Name: CRENSHAW, LAMAR
Address: 104 CARVER STREET
City-St-Zip: LAKE PLACID, FL 33852

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BEULAH M. SHOLTZ

VD

04/20/2009

Electronic Signature of Signing Officer or Director

Date