

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48409

FILED
Jul 26, 2007
Secretary of State

Entity Name: NEW COVENANT PRAYER CENTER MINISTRIES INC.

Current Principal Place of Business:

2504 AVE. G
FORT PIERCE, FL 34954 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2937
FORT PIERCE, FL 34954 US

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

FISHER, STAFFORD T BISHOP
4402 SANDIEGO AVE.
FORT PIERCE, FL 34946 US

Name and Address of New Registered Agent:

FISHER, STAFFORD T BISHOP
1304 N 20TH STREET
FORT PIERCE, FL 34950 US

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:

07/26/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FISHER, STAFFORD T PASTOR
Address: 4402 SANDIEGO AVE.
City-St-Zip: FORT PIERCE, FL 34946

Title: D () Delete
Name: FISHER, ESSIE M PASTOR
Address: 1304 N 20TH STREET
City-St-Zip: FT PIERCE, FL 34950

Title: D () Delete
Name: JOHNSON, STAFFORS
Address: 1875 S.E. WEXFORD STREET
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: T () Delete
Name: JONES, WILLIAM DEACON
Address: P.O. BOX 2837
City-St-Zip: FORT PIERCE, FL 34954 US

Title: TS () Delete
Name: LEE, TONYA D
Address: 1304 NO 20TH STREET
City-St-Zip: FORT PIERCE, FL 34950

Title: T () Delete
Name: ROBINS, CHERYL
Address: 1304 N 20TH STREET
City-St-Zip: FT PIERCE, FL 34950

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: FISHER, STAFFORD T PASTOR
Address: 1304 N 20TH STREET
City-St-Zip: FORT PIERCE, FL 34950

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: STAFFORD FISHER

D

07/26/2007

Electronic Signature of Signing Officer or Director

Date