

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48409

FILED  
Apr 08, 2008  
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 ( )**

**Name and Address of Current Registered Agent:**

FISHER, STAFFORD T BISHOP  
1304 N 20TH STREET  
FORT PIERCE, FL 34950 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: FISHER, STAFFORD T PASTOR  
Address: 1304 N 20TH STREET  
City-St-Zip: FORT PIERCE, FL 34950

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

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

Title: T (X) 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 US

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

Title: T (X) Change ( ) Addition  
Name: BLUTCHER, CHERYL  
Address: 1304 N 20TH STREET  
City-St-Zip: FORT PIERCE, FL 34950 US

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 T. FISHER

D

04/08/2008

Electronic Signature of Signing Officer or Director

Date