


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 13, 2005 08:00 AM
Secretary of State

DOCUMENT # N92000000419					
1. Entity Name THE NEW COVENANT DELIVERANCE OUTREACH, INC.					
Principal Place of Business 1700 NW 8TH ST FORT LAUDERDALE FL 33311			Mailing Address PO BOX 1779 LAUDERDALE LAKES FL 33302		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0315515	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ORR, LIVINGSTON PASTOR 2891 NW 14TH ST FORT LAUDERDALE FL 33311			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, 2005		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	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ORR, LIVINGSTON			NAME	
STREET ADDRESS	2891 NW 14TH ST			STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33311			CITY-ST-ZIP	
TITLE	AP	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ORR, SAMUEL			NAME	
STREET ADDRESS	3490 NW 28TH COURT			STREET ADDRESS	
CITY-ST-ZIP	LAUDERDALE LAKES FL 33311			CITY-ST-ZIP	
TITLE	M	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALBERTINE, PORTER			NAME	
STREET ADDRESS	480 NW 24TH AVE. APT.21			STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33311			CITY-ST-ZIP	
TITLE	SD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ORR, NAKASIE			NAME	
STREET ADDRESS	1501 NW 24TH AVE.			STREET ADDRESS	
CITY-ST-ZIP	LAUDERDALE LAKES FL 33311			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSE, RIED			NAME	
STREET ADDRESS	5933 NW 23RD ST			STREET ADDRESS	
CITY-ST-ZIP	LAUDERHILL FL 33313			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 exemption stated in Section 119.07(3)(f), 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: <u>Livingstone Orr</u>				Date: <u>5.1.05</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #: <u>954-463-8500</u>	

