# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 14, 2004 08:00 AM**
**Secretary of State**

DOCUMENT # N94000004156

1. Entity Name
NEW COVENANT MINISTRIES OF ORANGE PARK, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 530 MADERIA DR<br>ORANGE PARK, FL 32073 US | 530 MADERIA DR<br>ORANGE PARK, FL 32073 US |

03092004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number
59-3270332
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, RICHARD
530 MADERIA DR
ORANGE PARK, FL 32073

**DO NOT WRITE IN THIS SPACE**

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is $61.25**
**Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000112832
04/14/04 00039 013 61.25

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | TRP |
| NAME | JOHNSON, RICHARD |
| STREET ADDRESS | 530 MADERIA DR |
| CITY-ST-ZIP | ORANGE PARK, FL |
| TITLE | TVST |
| NAME | JOHNSON, VERONICA D |
| STREET ADDRESS | 530 MADERIA DR |
| CITY-ST-ZIP | ORANGE PARK, FL |
| TITLE | TV |
| NAME | HEAFER, CHARLES |
| STREET ADDRESS | 6871 KETTLE CREEK DR |
| CITY-ST-ZIP | JACKSONVILLE, FL 32221 |
| TITLE | TV |
| NAME | BURTON, WILLIE |
| STREET ADDRESS | 3904 BRAMBLE ROAD |
| CITY-ST-ZIP | JACKSONVILLE, FL |
| TITLE | TV |
| NAME | HAYNES, CHARLES |
| STREET ADDRESS | 1245 GRANT STREET |
| CITY-ST-ZIP | JACKSONVILLE, FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** Veronica D Johnson / Veronica D Johnson 4/12/04 904-215-2220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #