2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 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 ORANGE PARK, FL 32073 US	530 MADERIA DR ORANGE PARK, FL 32073 US

04062006 No Chg-NP CR2E037 (11/05)

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

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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, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	TRP
NAME	JOHNSON, RICHARD
STREET ADDRESS	530 MADERIA DR
CITY-ST-ZIP	ORANGE PARK, FL 32073
TITLE	TVST
NAME	JOHNSON, VERONICA D
STREET ADDRESS	530 MADERIA DR
CITY-ST-ZIP	ORANGE PARK, FL 32073
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 32210
TITLE	TV
NAME	HAYNES, CHARLES
STREET ADDRESS	1245 GRANT STREET
CITY-ST-ZIP	JACKSONVILLE, FL 32202
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 exemptions contained 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 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 Johnson (Veronica D Johnson) 4/6/06 904-315-2220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #