2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004156

FILED Apr 26, 2007 Secretary of State

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

| Current Principal Place of Business: | | | New Principal Place | New Principal Place of Business: | |
|---|---|--------------------------------|---|--|--|
| 530 MADEI ORANGE F | RIA DR PARK, FL 32073 | US | | | |
| Current Mailing Address: | | | New Mailing Addres | New Mailing Address: | |
| 530 MADEI ORANGE F | RIA DR PARK, FL 32073 | US | | | |
| FEI Number: | 59-3270332 I | FEI Number Applied For() | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and | Address of Cur | rent Registered Agent: | Name and Address of | of New Registered Agent: | |
| 530 MADEI ORANGE F | PARK, FL 32073 | | | | |
| | named entity sub of Florida. | omits this statement for the p | urpose of changing its registere | d office or registered agent, or both, | |
| SIGNATUR | RE: | | | | |
| | Electronic | Signature of Registered Age | nt | Date | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANG | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | TRP () De JOHNSON, RICHAI 530 MADERIA DR ORANGE PARK, FI | RD | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | TVST () De JOHNSON, VERON 530 MADERIA DR ORANGE PARK, FI | IICA D | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | TV () De HEAFER, CHARLE 6871 KETTLE CRE JACKSONVILLE, F | S EEK DR | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | TV () De BURTON, WILLIE 3904 BRAMBLE RO JACKSONVILLE, F | DAD | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | TV () De HAYNES, CHARLE 1245 GRANT STRE JACKSONVILLE, F | S EET | Title: Name: Address: City-St-Zip: | () Change () Addition | |

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: VERONICA D. JOHNSON TVST 04/26/2007