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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000003568 (1)**

1. Corporation Name

NEW ARK COVENANT MINISTRIES, INC.

Principal Place of Business 2425 SPOONWOOD DRIVE TALLAHASSEE FL 32303	Mailing Address POST OFFICE BOX 38261 TALLAHASSEE FL 32315-8261
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3. Date Incorporated or Qualified 07/27/1995	3a. Date of Last Report 04/30/1996
4. FEI Number 54-3372234	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent	
GIBSON, YVONNE 2117 LOYAL LANE, #4 TALLAHASSEE FL 32303	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
FL	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	GIBSON, YVONNE	1.2 NAME	
STREET ADDRESS	2117 LOYAL LANE, #4	1.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32303	1.4 CITY-ST-ZIP	
TITLE	ED	2.1 TITLE	
NAME	BENSON, ANNETTE	2.2 NAME	
STREET ADDRESS	2636 W. MISSION RD., LOT #192	2.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32304	2.4 CITY-ST-ZIP	
TITLE	ED	3.1 TITLE	ED
NAME	MCCRAY, HELEN	3.2 NAME	MCCRAY, Helen
STREET ADDRESS	422 OSCEOLA STREET	3.3 STREET ADDRESS	8755 ADDAIACTEE PKWY E-214
CITY-ST-ZIP	TALLAHASSEE FL 32301	3.4 CITY-ST-ZIP	TALLAHASSEE, FL 32301
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **SIGNATURE REQUIRED** *Yvonne Gibson* 4/1/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **0008678**

CR2E037 (9/96)