


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # N96000004191	
1. Entity Name NEW COVENANT CHRISTIAN ACADEMY, INC.	

Principal Place of Business 3708 GATLIN RIDGE DR ORLANDO, FL 32812	Mailing Address 3708 GATLIN RIDGE DR ORLANDO, FL 32812
---	---

DO NOT WRITE IN THIS SPACE



04292005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3396760	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

GARRETT, BARBARA B
3708 GATLIN RIDGE DRIVE
ORLANDO, FL 32812

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

Filing 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
---	---

10. OFFICERS AND DIRECTORS	
TITLE PD	NAME GARRETT, BARBARA B
STREET ADDRESS	3708 GATLIN RIDGE DRIVE
CITY - ST - ZIP	ORLANDO, FL 32812
TITLE DT	NAME LASSITER, DENA J
STREET ADDRESS	4133 MONTROSE COURT
CITY - ST - ZIP	ORLANDO, FL 32812
TITLE DS	NAME FADLER, LYNDIA
STREET ADDRESS	301 ROTHWELL PLACE
CITY - ST - ZIP	FRANKLIN, TN 37069
TITLE	NAME
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	NAME
STREET ADDRESS	
CITY - ST - ZIP	

DO NOT WRITE
IN THIS SPACE

U00000355930
05/04/05-80015-012 61.25

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: Barbara B. Garrett 29 April 2005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BARBARA B. GARRETT

Daytime Phone # 407-658-8348