

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2006 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



04262006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-3396760

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

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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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U00000540325
05/10/06-80014-007 61.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**PD
GARRETT, BARBARA B
3708 GATLIN RIDGE DRIVE
ORLANDO, FL 32812**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**DT
LASSITER, DENA J
4133 MONTROSE COURT
ORLANDO, FL 32812**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**DS
FADLER, LYNDIA
301 ROTHWELL PLACE
FRANKLIN, TN 37069**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Barbara B. Garrett 26 April 2006 407-658-8348

Date

Daytime Phone #