

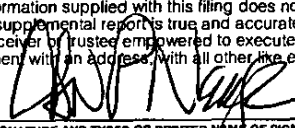
2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

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SECRETARY OF STATE
FLORIDA



DOCUMENT # N97000004693					
1. Entity Name NEW COVENANT INTERNATIONAL THEOLOGICAL SEMINARY, INC.					
Principal Place of Business 7255 SOUTH MILITARY TRAIL LAKE WORTH, FL 33463			Mailing Address 7255 SOUTH MILITARY TRAIL LAKE WORTH, FL 33463		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0473019	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
NEESE, ALAN P DR 18529 LAKE BEND DRIVE JUPITER, FL 33458			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DYSON, KEVIN	NAME	DU0032248960		
STREET ADDRESS	45 SASSIFRAS ST	STREET ADDRESS	04/09/04--01003--018 ***306.25		
CITY-ST-ZIP	MUDJIMBA QLD 4564 AUSTRALIA,	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DYSON, PAMELA JOY	NAME			
STREET ADDRESS	45 SASSIFRAS ST	STREET ADDRESS			
CITY-ST-ZIP	MUDJIMBA QLD 4564 AUSTRALIA,	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BRIGGS, DAVID WAYNE	NAME			
STREET ADDRESS	1835 CARANDIS ROAD	STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH, FL 33406	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PETERS, TOMMY C	NAME			
STREET ADDRESS	4117 ALPINA COURT, NORTH	STREET ADDRESS			
CITY-ST-ZIP	LAKE WORTH, FL 33436	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ING, RICHARD B	NAME			
STREET ADDRESS	1484 ALA HEKILI PL	STREET ADDRESS			
CITY-ST-ZIP	HONOLULU, HI	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BUTTERWORTH, IAN P	NAME			
STREET ADDRESS	3 ANDOVER LANE FARM	STREET ADDRESS			
CITY-ST-ZIP	FABERSTOWN, ANDOVER,	CITY-ST-ZIP			
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: 		3/31/04		561-776-6269	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	