2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003911

Entity Name: NEW COVENANT CHURCH OF CENTRAL FLORIDA, INC.

FILED Apr 28, 2004 Secretary of State

Current P	rincipal Plac	e of Business:	New Prin	New Principal Place of Business:		
	ERERE RD D, FL 32820		N/A	990 BELVERERE RD N/A ORLANDO, FL 32820 New Mailing Address:		
Current M	lailing Addre	ss:	New Mail			
P.O. BOX ORLANDO	781164 D, FL 32878					
FEI Number	: 59-3529003	FEI Number Applied For()	FEI Number Not Ap	plicable()	Certificate of Status Desired (X)	
Name and	Address of	Current Registered Agent:	Name an	d Address of	New Registered Agent:	
990 BELVI	CHARLES H EDERE ROAD D, FL 32820)				
The above in the State	e named entity e of Florida.	submits this statement for the p	ourpose of changing	its registered	office or registered agent, or both,	
SIGNATUI	RE:					
	Electro	nic Signature of Registered Age	ent		Date	
OFFICER	S AND DIREC	TORS:	ADDITIO	NS/CHANGE	S TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	P (BAXTER, CHA 990 BELVEDE ORLANDO, FL	RE ROAD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VT (PINNOCK, LLC 2204 STONE C ORLANDO, FL	CROSS CIR	Title: Name: Address: City-St-Zip:	() Change ()Addition	
Title: Name: Address: City-St-Zip:	T (REILLY, KELL 2836 SHERIFF WINTER PARF	WAY	Title: Name: Address: City-St-Zip:	() Change ()Addition	
Title: Name: Address: City-St-Zip:	D (HARRIS, BRUI 101 PORT STE ORLANDO, FL	EWART DR	Title: Name: Address: City-St-Zip:	() Change ()Addition	
Title: Name: Address: City-St-Zip:	D (NELSON, DAP 497 LAKE PAF OVIEDO, FL 3	K TRAIL	Title: Name: Address: City-St-Zip:	NELSON, DAI 3401 DIAMON	ND LEAF	
Title: Name: Address: City-St-Zip:	D (HARRIS, JONA 101 PORT STE ORLANDO, FL	EWART DR	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DAPHNE A. NELSON D 04/28/2004