

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2006
Secretary of State

DOCUMENT# N98000003911

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

Current Principal Place of Business:

990 BELVERERE RD
N/A
ORLANDO, FL 32820

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 781164
ORLANDO, FL 32878

New Mailing Address:

FEI Number: 59-3529003 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BAXTER, CHARLES H
990 BELVEDERE ROAD
ORLANDO, FL 32820 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BAXTER, CHARLES H
Address: 990 BELVEDERE ROAD
City-St-Zip: ORLANDO, FL 32820

Title: VT () Delete
Name: PINNOCK, LLOYD
Address: 2204 STONE CROSS CIR
City-St-Zip: ORLANDO, FL 32828

Title: T () Delete
Name: REILLY, KELLYN
Address: 10145 MARGUEX DR
City-St-Zip: ORLANDO, FL 32825

Title: D () Delete
Name: HARRIS, BRUNETTE D
Address: 101 PORT STEWART DR
City-St-Zip: ORLANDO, FL 32828

Title: D () Delete
Name: NELSON, DAPHNE
Address: 3401 DIAMOND LEAF LN
City-St-Zip: OVIEDO, FL 32766

Title: D () Delete
Name: HARRIS, JOENATHAN
Address: 101 PORT STEWART DR
City-St-Zip: ORLANDO, FL 32828

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: KELLYN L REILLY

T

05/06/2006

Electronic Signature of Signing Officer or Director

_____ Date