2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 29, 2004 8:00 am Secretary of State DOCUMENT # N99000005950 1. Entity Name 04-29-2004 90230 004 ****70.00 CHURCH OF THE NEW COVENANT INC. Principal Place of Business Mailing Address 3191 NEWMAN AVE, NORTH NORTH CRESTVIEW FL 32529 3191 NEWMAN AVE, NORTH NORTH CRESTVIEW FL 32529 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State City & State 4. FEI Number Applied For 59-3608455 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WHISNAND, CHARLES R SR Street Address (P.O. Box Number is Not Acceptable) 2392 WHISNAND CIRCLE CRESTVIEW FL 32536 City 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 FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Delete TITLE Change Addition JENKINS, JULIAN C NAME NAME 129 JENKINS HILL RD STREET ADDRESS STREET ADDRESS **RED BAY AL 35582** City-ST-7IP CITY-ST-ZIP SD TITLE ☐ Delete ☐ Change TITLE ☐ Addition LONGABEGER, LOVINA NAME NAME ONE RIDGE PORT DR STREET ADDRESS STREET ADDRESS FT MITCHELL KY 41017 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition RADMER, WAIVA J" NAME NAME 199 JENKINS HILL RD STREET ADDRESS STREET ADDRESS **RED BAY AL 35582** CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition WILLIAM, PAUL NAME NAME 414 N BEVILLE AVE STREET ADDRESS STREET ADDRESS INDIANAPOLIS IN 46701 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition JENKINS, REBECCA NAME NAME 129 JENKINS HILL RD STREET ADDRESS STREET ADDRESS **RED BAY AL 35582** CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-7IP 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

FILED