

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

**FILED**  
**Jan 18, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N99000005950**

1. Entity Name  
**CHURCH OF THE NEW COVENANT INC.**



Principal Place of Business  
**3191 NEWMAN AVE, NORTH**  
**NORTH CRESTVIEW, FL 32529**

Mailing Address  
**3191 NEWMAN AVE, NORTH**  
**NORTH CRESTVIEW, FL 32529**



01152006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **59-3608455** Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**WHISNAND, CHARLES R SR**  
**2392 WHISNAND CIRCLE**  
**CRESTVIEW, FL 32536**

**DO NOT WRITE 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 \_\_\_\_\_ (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**

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	JENKINS, JULIAN C
STREET ADDRESS	129 JENKINS HILL RD
CITY-ST-ZIP	RED BAY, AL 35582
TITLE	SD
NAME	LONGABEGER, LOVINA
STREET ADDRESS	ONE RIDGE PORT DR
CITY-ST-ZIP	FT MITCHELL, KY 41017
TITLE	TD
NAME	RADMER, WAIVA J
STREET ADDRESS	199 JENKINS HILL RD
CITY-ST-ZIP	RED BAY, AL 35582
TITLE	T
NAME	WILLIAM, PAUL
STREET ADDRESS	414 N BEVILLE AVE
CITY-ST-ZIP	INDIANAPOLIS, IN 46701
TITLE	ST
NAME	JENKINS, REBECCA
STREET ADDRESS	129 JENKINS HILL RD
CITY-ST-ZIP	RED BAY, AL 35582
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U99000390105  
 01/23/06-80013-008 70.00

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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: Waiva J. Radmer waiva J. Radmer 01-16-2006 256-356-4135  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #