

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005950

FILED
Apr 30, 2008
Secretary of State

Entity Name: CHURCH OF THE NEW COVENANT INC.

Current Principal Place of Business:

3191 NEWMAN AVE, NORTH
NORTH CRESTVIEW, FL 32539

New Principal Place of Business:

Current Mailing Address:

3191 NEWMAN AVE, NORTH
NORTH CRESTVIEW, FL 32539

New Mailing Address:

FEI Number: 59-3608455

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WHISNAND, CHARLES R SR
2392 WHISNAND CIRCLE
CRESTVIEW, FL 32536 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: PD () Delete
Name: JENKINS, JULIAN C
Address: 129 JENKINS HILL RD
City-St-Zip: RED BAY, AL 35582

Title: SD () Delete
Name: LONGABEGER, LOVINA
Address: ONE RIDGE PORT DR
City-St-Zip: FT MITCHELL, KY 41017

Title: TD () Delete
Name: RADMER, WAIVA J
Address: 199 JENKINS HILL RD
City-St-Zip: RED BAY, AL 35582

Title: T () Delete
Name: WILLIAM, PAUL
Address: 414 N BEVILLE AVE
City-St-Zip: INDIANAPOLIS, IN 46701

Title: ST () Delete
Name: JENKINS, REBECCA
Address: 129 JENKINS HILL RD
City-St-Zip: RED BAY, AL 35582

Title: () Delete
Name:
Address:
City-St-Zip:

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
Name:
Address:
City-St-Zip:

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

Title: T () Change (X) Addition
Name: MAXINE, WHISNAND
Address: 2392 WHISNAND CIRCLE
City-St-Zip: CRESTVIEW, FL 32536 OK

I hereby certify that the information supplied with this filing does not qualify 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: MAXINE H. WHISNAND

T

04/30/2008

Electronic Signature of Signing Officer or Director

Date