

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005950

FILED  
Apr 26, 2009  
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:

2392 WHISNAND CIRCLE  
CRESTVIEW,, FL 32536

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: T ( ) Delete  
Name: MAXINE, WHISNAND  
Address: 2392 WHISNAND CIRCLE  
City-St-Zip: CRESTVIEW, FL 32536 OK

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: RADMER, WILLIAM D  
Address: POST. OFFICE BOX 1334  
City-St-Zip: RED BAY, AL 35582

Title: SD (X) Change ( ) Addition  
Name: WHISNAND, CHARLES R SR.  
Address: 2392 WHISNAND CIRCLE  
City-St-Zip: CRESTVIEW, FL 32536

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:

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: CHARLES R. WHISNAND

VP

04/26/2009

Electronic Signature of Signing Officer or Director

Date