

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07699

Entity Name: NEW COVENANT MISSIONARY WORLD OUTREACH CENTER,
INCORPORATED**FILED**
Apr 15, 2016
Secretary of State
CC6739379828**Current Principal Place of Business:**252 AVE E
PORT ST. JOE, FL 32456**Current Mailing Address:**P. O. BOX 87
PORT ST. JOE, FL 32457 US**FEI Number: 59-2595775****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**WARD, DEBBIE Y
130 BETTY DRIVE
PORT ST. JOE, FL 32456 US*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**Officer/Director Detail :**

Title	PD
Name	PITTMAN, NAPOLEON
Address	252 AVENUE E
City-State-Zip:	PORT ST. JOE FL 32456

Title	VS
Name	PITTMAN, PHYLLIS A
Address	252 AVENUE E
City-State-Zip:	PORT ST. JOE FL 32456

Title	D
Name	WARD, ARION
Address	130 BETTY DRIVE
City-State-Zip:	PORT ST. JOE FL 32456

Title	TD
Name	WARD, DEBBIE Y
Address	130 BETTY DRIVE
City-State-Zip:	PORT ST. JOE FL 32456

Title	D
Name	GANT, LINDA R
Address	103 BROAD ST
City-State-Zip:	PORT ST. JOE FL 32456

Title	DIRECTOR
Name	SMITH, REBECCA SP
Address	P. O. BOX 811 125 HARDEN CIRCLE
City-State-Zip:	WEWAHITCHKA FL 32465

Title	DIRECTOR
Name	PITTMAN, TIMOTHY N
Address	P. O. BOX 296 124 MARY DRIVE
City-State-Zip:	WEWAHITCHKA FL 32465

I hereby 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 all other like empowered.

SIGNATURE: PHYLLIS A. PITTMAN**VS****04/15/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date