**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Apr 22, 2020**
**Secretary of State**
**3336156208CC**

DOCUMENT# N07699

**Entity Name:** NEW COVENANT MISSIONARY WORLD OUTREACH CENTER, INCORPORATED

**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 | P. O. BOX 1287 |
| City-State-Zip: | WEWAHITCHKA FL 32465 |

| | |
|---|---|
| Title | D |
| Name | WARD, ARION |
| 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 | PITTMAN, TIMOTHY N |
| Address | P. O. BOX 296<br>124 MARY DRIVE |
| City-State-Zip: | WEWAHITCHKA FL 32465 |

| | |
|---|---|
| Title | VS |
| Name | PITTMAN, PHYLLIS A |
| Address | P. O. BOX 1287 |
| City-State-Zip: | WEWAHITCHKA FL 32465 |

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

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

| | |
|---|---|
| Title | DIRECTOR |
| Name | PITTMAN, TITUS E. J. |
| Address | 760 BORDERS ROAD |
| City-State-Zip: | WEWAHITCHKA FL 32465 |

**Continues on page 2**

*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: NAPOLEON PITTMAN P 04/22/2020

Electronic Signature of Signing Officer/Director Detail — Date

**Officer/Director Detail Continued :**

| | |
|---|---|
| Title | DIRECTOR |
| Name | QUINN, CHERYL A |
| Address | 110 BROAD STREET |
| City-State-Zip: | PORT ST JOE FL 32456 |