

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 713751 (6)
1. Corporation Name
NEW COVENANT FELLOWSHIP CHURCH, INCORPORATED



Principal Place of Business: **4028 S BABCOCK ST MELBOURNE FL 32901**
Mailing Address: **4028 S BABCOCK ST MELBOURNE FL 32901**

3. Date Incorporated or Qualified: **12/06/1967**
3a. Date of Last Report: **09/01/1995**
4. FEI Number: **71-3751151**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent
**ARNOLD, ROWLAND
305 ARCADIA COURT
MELBOURNE FL 32901**

10. Name and Address of New Registered Agent
81 Name: _____
82 Street Address (P.O. Box Number is Not Acceptable): _____
83 _____
84 City: _____ FL 85 Zip Code: _____

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Arnold E. Rowland Arnold E. Rowland 3/20/96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> DELETE
NAME	STEBBINS, GARY	
STREET ADDRESS	535 DORADO WAY	
CITY-ST-ZIP	INDIAN HARBOR BCH. FL 32937	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MAHER, JAMES E. III	
STREET ADDRESS	1042 MOHAWK AVE	
CITY-ST-ZIP	PALM BAY FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	HOWARD, SARA	
STREET ADDRESS	2807 S. RIVERVIEW DR.	
CITY-ST-ZIP	MELBOURNE, FL 00000	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	HOGAN, DOUG	
STREET ADDRESS	3278 GALLEON AVE., N3	
CITY-ST-ZIP	PALM BAY FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GARMAN, RON	
STREET ADDRESS	1110 SIOUX DR.	
CITY-ST-ZIP	INDIAN HARBOUR BCH., F	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Rowland, Arnold
3.3 STREET ADDRESS	305 Arcadia Court
3.4 CITY-ST-ZIP	Melbourne, FL 32901
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Hauck, Tony
4.3 STREET ADDRESS	1699 Saipan St., SE
4.4 CITY-ST-ZIP	Palm Bay, Florida 32909
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Hancock, Monte
5.3 STREET ADDRESS	406 Dartmouth Ave., W
5.4 CITY-ST-ZIP	Melbourne, FL 32901
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Tony Hauck 4/1/96 724-5433
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)