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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 713751

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

12/06/1967

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

71-3751151

Applied For -  
Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip

Country

28 Zip

Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

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*  
Signature, typed or printed name of registered agent and title if applicable.

Registered Agent  
(NOTE: Registered Agent signature required when reinstating)

2/17/99  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VP  
NAME STEBBINS, GARY  
STREET ADDRESS 535 DORADO WAY  
CITY-ST-ZIP INDIAN HARBOR BCH. FL 32937

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE PD  
NAME MAHER, JAMES E. III  
STREET ADDRESS 1042 MOHAWK AVE  
CITY-ST-ZIP PALM BAY FL

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE TD  
NAME ROWLAND, ARNOLD  
STREET ADDRESS 305 ARCADIA COURT  
CITY-ST-ZIP MELBOURNE FL

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE SD  
NAME HAUCK, TONY  
STREET ADDRESS 1699 SAIPAN STREET SE  
CITY-ST-ZIP PALM BAY FL

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D  
NAME HANCOCK, MONTE  
STREET ADDRESS 406 DARTMOUTH AVENUE WEST  
CITY-ST-ZIP MELBOURNE FL

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: *Signature Required*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/99 407-924-5433  
Date Daytime Phone #

CR2E037 (1/198)