

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # 713751**

1. Entity Name

**NEW COVENANT FELLOWSHIP CHURCH, INCORPORATED**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 OCT 16 PM 4:00

Principal Place of Business

Mailing Address

4028 S BABCOCK ST  
MELBOURNE FLA 32901

4028 S BABCOCK ST  
MELBOURNE FLA 32901

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

71-3751151

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**ARNOLD, ROWLAND**  
305 ARCADIA COURT  
MELBOURNE FL 32901

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

700003436987-9

10/24/00--D1078--023

\*\*\*\*61.25 \*\*\*\*61.25

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

**After September 13, 2000 min. will be \$236.25**

9. Election Campaign Financing  
Trust Fund Contribution.

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Department of State**

10. 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 checked="" type="checkbox"/> Delete
NAME	MAHER, JAMES E. III	
STREET ADDRESS	1042 MOHAWK AVE	
CITY-ST-ZIP	PALM BAY FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ROWLAND, ARNOLD	
STREET ADDRESS	305 ARCADIA COURT	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HAUCK, TONY	
STREET ADDRESS	1699 SAIPAN STREET SE	
CITY-ST-ZIP	PALM BAY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HANCOCK, MONTE	
STREET ADDRESS	406 DARTMOUTH AVENUE WEST	
CITY-ST-ZIP	MELBOURNE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stebbins, Gary	
STREET ADDRESS	535 Dorado Way	
CITY-ST-ZIP	Indian Harbor Bch, FL 32937	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rowland, Arnold	
STREET ADDRESS	305 Arcadia Court	
CITY-ST-ZIP	Melbourne, FL 32901	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hauck, Tony	
STREET ADDRESS	1098 Waldens Blvd	
CITY-ST-ZIP	Palm Bay, FL 32909	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Greg Phillips	
STREET ADDRESS	1610 Paragon Road, SE	
CITY-ST-ZIP	Palm Bay, FL 32909	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

~~SIGNATURE REQUIRED~~ *Greg*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #