

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAR 20 PM 2: 23

DOCUMENT # N08266 (1)

1. Corporation Name

NEW COVENANT BAPTIST FELLOWSHIP, INC.

Principal Place of Business

Mailing Address

3789 E. R. SMYTH DRIVE
MIMS FL 32754

3789 E. R. SMYTH DRIVE
MIMS FL 32754

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/20/1985

3a. Date of Last Report

04/29/1994

4. FEI Number

59-2741792

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 385 No. Singleton Ave.

26 3789 E. R. Smyth Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Titusville, FL

City & State

28 Mims, FL

Zip

24 32796

Country

25 USA

Zip

29 32754

Country

30 USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status

\$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of Now Registered Agent

HALL, IOTA CHARLES
3925 WATROAK WAY should be: WATEROAK Way
TITUSVILLE FL 32796

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent (to use if applicable)

NOTE: Registered Agent signature required when re-registering

DATE

Iota, Charles Hall

1-15-95

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	CLOUGH, LLOYD, JR.
STREET ADDRESS	2120 N. SINGLETON AVENUE
CITY - ST - ZIP	MIMS, FL 32754
TITLE	V
NAME	HOLT, MICKAEL T
STREET ADDRESS	2915 KNOX MCRAE DR
CITY - ST - ZIP	TITUSVILLE FL
TITLE	S
NAME	LITES, WILLIAM
STREET ADDRESS	970 PALERMO RD.
CITY - ST - ZIP	TITUSVILLE FL
TITLE	TD
NAME	HALL, IOTA CHARLES
STREET ADDRESS	2915 KNOX MCRAE DR
CITY - ST - ZIP	TITUSVILLE FL
TITLE	D
NAME	CLOUGH, G. LLOYD, SR.
STREET ADDRESS	3789 E. R. SMYTH DRIVE
CITY - ST - ZIP	MIMS, FL 32754
TITLE	
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 checked="" type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	ZIP: 32780
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	ZIP: 32780
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	3925 WATEROAK WAY
4.4 CITY - ST - ZIP	TITUSVILLE, FL 32796
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
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 110.07(3)(b), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Iota Charles Hall (407) 267-0213

(Title)

Daytime Phone #