

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

1996 5-17-96

FILED
May 17 1996 8:00 am
Secretary of State

DOCUMENT # N08266 (1)

1. Corporation Name
NEW COVENANT BAPTIST FELLOWSHIP, INC.



Principal Place of Business
**385 NO. SINGLETON AVE
TITUSVILLE FL 32796
US**

Mailing Address
**3789 E. R. SMYTH DR
MIMIS FL 32754
US**

3. Date Incorporated or Qualified
03/20/1985

3a. Date of Last Report
03/20/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 4355 Westlake Drive

27 Suite, Apt. #, etc.

28 Titusville, FL

29 32780

30 USA

4. FEI Number
59-2741792

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

9. Name and Address of Current Registered Agent
**HALL, IOTA CHARLES
3925 WATEROAK WAY
TITUSVILLE FL 32796**

10. Name and Address of New Registered Agent

81 Name
Hall, Iota Charles

82 Street Address (P.O. Box Number is Not Acceptable)
2850 La Cita Lane

83

84 City
Titusville

85 Zip Code
FL 32780

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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CLOUGH, LLOYD, JR.	
STREET ADDRESS	2120 N. SINGLETON AVENUE	
CITY-ST-ZIP	MIMS, FL 32754	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HOLT, MICKAEL T	
STREET ADDRESS	2915 KNOX MCRAE DR	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	LITES, WILLIAM	
STREET ADDRESS	970 PALERMO RD.	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HALL, IOTA CHARLES	
STREET ADDRESS	3925 WATEROAK WAY	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CLOUGH, G. LLOYD, SR.	
STREET ADDRESS	3789 E. R. SMYTH DRIVE	
CITY-ST-ZIP	MIMS, FL 32754	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Holt, Mickael T.
2.3 STREET ADDRESS	2915 Knox McRae Drive
2.4 CITY-ST-ZIP	Titusville, FL 32780
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Lites, William J.
3.3 STREET ADDRESS	970 Palermo Road
3.4 CITY-ST-ZIP	Titusville, FL 32780
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Hall, Iota Charles
4.3 STREET ADDRESS	2850 La Cita Lane
4.4 CITY-ST-ZIP	Titusville, FL 32780
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 checked="" type="checkbox"/> Addition
6.2 NAME	Seale, Randy
6.3 STREET ADDRESS	4355 Westlake Drive
6.4 CITY-ST-ZIP	Titusville, FL 32780

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: *x W. J. Lites* William J. Lites 5/1/96 407-269-0657
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)