

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)**

FILED
Jul 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N08266 (1)

1. Corporation Name
NEW COVENANT BAPTIST FELLOWSHIP, INC.



Principal Place of Business 985 NO. SINGLETON AVE TITUSVILLE FL 32796 US	Mailing Address 3789 E. R. SMYTH DR MIMIS FL 32754 US
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3. Date Incorporated or Qualified 03/20/1985	3a. Date of Last Report 03/20/1995
4. FEI Number 59-2741792	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26 3900 Mt. Vernon Ave.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 Titusville, Fl.
Zip 24	Country 25
Country 29 32780	Country 30 Brevard

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)
2765 Guil Dr.
83
84 City **Mims** **FL** **85** Zip Code **32754**

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 agree to the obligations of Section 617.0503, Florida Statutes.

SIGNATURE **Lloyd Clough, Jr., Treasurer** *[Signature]* **6/27/97**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required upon reinstatement) DATE **5/18/97**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CLOUGH, LLOYD, JR.	<input checked="" type="checkbox"/>
STREET ADDRESS	2120 N. SINGLETON AVENUE	
CITY-ST-ZIP	MIMIS, 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	<input checked="" type="checkbox"/>
STREET ADDRESS	3925 WATEROAK WAY	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CLOUGH, G.LLOYD, SR.	
STREET ADDRESS	3789 E. R. SMYTH DRIVE	
CITY-ST-ZIP	MIMIS, 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PD	
1.3 STREET ADDRESS	Hall, Iota Charles	
1.4 CITY-ST-ZIP	2765 Guil Dr.	
2.1 TITLE	Mims, Fl. 32754	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	600002230786	
3.3 STREET ADDRESS	-07/07/97--01003--009	
3.4 CITY-ST-ZIP	***61.25	
4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Treasurer	
4.3 STREET ADDRESS	Clough, Lloyd, Jr.	
4.4 CITY-ST-ZIP	2120 N. Singleton Ave.	
5.1 TITLE	Mims, Fl. 32754	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	D.	
5.3 STREET ADDRESS	Seale, Randy	
5.4 CITY-ST-ZIP	1415 Crest Dr.	
6.1 TITLE	Titusville, Fl. 32780	<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: **Lloyd Clough, Jr.** *[Signature]* **5/18/97 (407) 269-7762**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/96)