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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N08266

1. Corporation Name
NEW COVENANT FELLOWSHIP, INC.

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

Mailing Address
 385 NO. SINGLETON AVE
 TITUSVILLE FL 32796
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/20/1985	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2741792	
22	City & State	27	City & State	Applied For <input type="checkbox"/> Not Applicable	
23	Zip	28	Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24	Country	29	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HALL, CHARLES 2765 GUIL DR. MIMS FL 32754 <i>498 Arbor Ridge Lane Titusville 32780</i>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 Charles Hall, President (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT <input type="checkbox"/> DELETE	1.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL, CHARLES	1.2 NAME	Charles Hall
STREET ADDRESS	2765 GUIL DR.	1.3 STREET ADDRESS	498 Arbor Ridge Lane
CITY-ST-ZIP	MIMS FL 32754	1.4 CITY-ST-ZIP	Titusville, FL 32780
TITLE	VPT <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLT, MICKAEL	2.2 NAME	
STREET ADDRESS	2915 KNOX MCRAE DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE FL 32780	2.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LITES, BILL	3.2 NAME	
STREET ADDRESS	970 PARLERMO DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE FL 32780	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEALE, RANDY	4.2 NAME	
STREET ADDRESS	1415 CREST DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE FL 32780	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(l), 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] Date: 2-2-99 Daytime Phone #: 407 269-2549

CR2E037 (11/98)