

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

APPLICATION FOR



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

FILED

00 NOV 13 PM 3:13

DOCUMENT # N08266

1. Corporation Name

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NEW COVENANT FELLOWSHIP, INC.

Principal Place of Business

Mailing Address

385 NO. SINGLETON AVE
TITUSVILLE FL 32796
US

385 NO. SINGLETON AVE
TITUSVILLE FL 32796
US



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

01-25-00 90099 011 \$61.25

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

03/20/1985

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2741792

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED

\$8.75. Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director | 4 City / State / Zip |
|------------|-------------------------------------|--|----------------------|
| P.D | HALL, CHARLES | 2197 KINGS CROSS | TITUSVILLE FL 32796 |
| J.D | JORDAN, ROBERT | 1750 LAKESIDE DRIVE | TITUSVILLE FL 32780 |
| S.D | LITES, BILL | 970 PARLERMO DR. | TITUSVILLE FL 32780 |
| D | SEALE, RANDY | 1415 CREST DR. | TITUSVILLE FL 32780 |
| VD | DIAZ, ORLANDO | 6620 SOUTH FORK ROAD | TITUSVILLE, FL 32780 |

8. Name and Address of Current Registered Agent

HALL, CHARLES
498 ARBOR RIDGE LN
TITUSVILLE FL 32780

9. Name and Address of New Registered Agent

Name ROBERT JORDAN
Street Address (P.O. Box Number is Not Acceptable)
1750 LAKESIDE DRIVE
Suite, Apt. #, Etc.

City TITUSVILLE

State FL

Zip Code 32780

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

10/17/00

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-17-00

Date

Daytime Phone #

Robert L. Jordan

2082

NEW COVENANT



FELLOWSHIP

Where Love,
Acceptance, and
Forgiveness are
experienced

Ref. Number: N08266
Reply to Letter Number: 100A00056794

We do not recall receiving a February 17, 2000 reject correspondence.

Robert L. Jordan

New Covenant Fellowship
Administrator

385 North Singleton Ave.
Titusville, FL 32796

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