

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2001 08:00 AM
Secretary of State

DOCUMENT # N08266

1. Entity 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
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-2741792
 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

Zip Country

Zip Country

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JORDAN ROBERT
 1750 LAKESIDE DRIVE
 TITUSVILLE FL 32780 US

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE **ROBERT JORDAN** DATE **03/20/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input type="checkbox"/> Delete
NAME	DIAZ ORLANDO	
STREET ADDRESS	6620 SOUTH FORK ROAD	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	D	<input type="checkbox"/> Delete
NAME	SEALE RANDY	
STREET ADDRESS	1415 CREST DR.	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LITES BILL	
STREET ADDRESS	970 PARLERMO DR.	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	TD	<input type="checkbox"/> Delete
NAME	JORDAN ROBERT	
STREET ADDRESS	1750 LAKESIDE DRIVE	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HALL CHARLES	
STREET ADDRESS	2197 KINGS CROSS	
CITY-ST-ZIP	TITUSVILLE FL 32796	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert Jordan TD **03/20/2001**

CR2E037 (11/00)