

FILE NOW: FILING FEE IS \$61.25

FILED

May 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000002748 (1)
1. Corporation Name
THE NEW COVENANT TEMPLE, CORP.



Principal Place of Business P.O. BOX 49255 SARASOTA FL 34230	Mailing Address P.O. BOX 49255 SARASOTA FL 34230-6255
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3. Date Incorporated or Qualified 06/02/1994	3a. Date of Last Report 03/21/1996
2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
4. FEI Number 65-0500658	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 type="checkbox"/> No	

9. Name and Address of Current Registered Agent HAMMELL, MARGARET 1777 18TH ST SUITE 205 SARASOTA FL 34230	10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City FL 85. Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D MARGARET HAMMELL	1.2 NAME	
STREET ADDRESS	1777 18TH STREET #205	1.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34234	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ST DEBORAH HATCHER	2.2 NAME	
STREET ADDRESS	RT 1 BOX 68	2.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32312	2.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	T ESSIE JENKINS	3.2 NAME	SONNY HATCHER TRUSTEE And ST
STREET ADDRESS	306 BIG RICHARD RD	3.3 STREET ADDRESS	RT. 1 BOX 68
CITY-ST-ZIP	TALLAHASSEE FL 32310	3.4 CITY-ST-ZIP	TALLAHASSEE, FL. 32312
TITLE	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	T TESSIE MCCALDUM	4.2 NAME	DEBORAH HATCHER TRUSTEE
STREET ADDRESS	1545 SPARROW RD	4.3 STREET ADDRESS	RT. 1, BOX 68
CITY-ST-ZIP	TALLAHASSEE FL 32310	4.4 CITY-ST-ZIP	TALLAHASSEE, FLA. 32312
TITLE	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	T SUSIE YORK	5.2 NAME	NOLIE HERRIN TRUSTEE
STREET ADDRESS	707 MORGAN AVE	5.3 STREET ADDRESS	225 NANCY LANE #217
CITY-ST-ZIP	CHATTANOOCHEE FL 32310	5.4 CITY-ST-ZIP	CUMMING, GA. 30130
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 do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Margaret Hammell* 4/28/99 94-954-3680
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0062950

CR2E037 (9/96)