

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90050 040 ****61.25

80084470

DOCUMENT # N94000002748

1. Entity Name
 THE NEW COVENANT TEMPLE, CORP.

Principal Place of Business P.O. BOX 21203 TALLAHASSEE, FL. 32316	Mailing Address P.O. BOX 21203 TALLAHASSEE, FL. 32316
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number
65-0500658

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MARGARET HAMMELL
 P.O. BOX 21203
 TALLAHASSEE, FL. 32316
 (301 E. CAROLINA ST.)

7. Name and Address of New Registered Agent

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 REV. MARGARET HAMMELL *Rev. Margaret Hammell* 4-28-00

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

TITLE NAME	D. MARGARET HAMMELL <input type="checkbox"/> Delete
STREET ADDRESS	P.O. BOX 21203
CITY-ST-ZIP	TALLAHASSEE, FL. 32316
TITLE NAME	ST DEBORAH HATCHER <input type="checkbox"/> Delete
STREET ADDRESS	RT. 1, BOX 68
CITY-ST-ZIP	TALLAHASSEE, FL. 32312
TITLE NAME	T DEBORAH HATCHER <input type="checkbox"/> Delete
STREET ADDRESS	RT. 1, BOX 68
CITY-ST-ZIP	TALLAHASSEE, FL. 32316
TITLE NAME	T KAREN YVONNE CALIFANO <input type="checkbox"/> Delete
STREET ADDRESS	2636 W. MISSION RD.
CITY-ST-ZIP	TALLAHASSEE, FL. 32304
TITLE NAME	T MICHAEL JOSEPH CALIFANO <input type="checkbox"/> Delete
STREET ADDRESS	2636 W. MISSION RD.
CITY-ST-ZIP	TALLAHASSEE, FL. 32304
TITLE NAME	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(i), 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: *Margaret Hammell* 4-28-00 *893-2530 Temp after 6/1/00 224-2021*

CR2E037 (9/99)

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



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

0067288

Attachment
0008470

DOCUMENT # N94000002748

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



1. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
2b. Suite, Apt. #, etc.	4. FEI Number	06/02/1994
5. City & State	5. Certificate of Status Desired	Applied For Not Applicable
6. Zip	6. Election Campaign Financing Trust Fund Contribution	\$8.75 Additional Fee Required
7. Country	8. Country	\$5.00 May Be Added to Fees

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

I, 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (12)	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	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	ST <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	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	T <input checked="" type="checkbox"/> DELETE DUE TO SICKNESS	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HATCHER, SONNY	3.2 NAME	MICHAEL JOSEPH CALIFANO
STREET ADDRESS	RT 1 BOX 68	3.3 STREET ADDRESS	850 S. TAMiami TRAIL #422
CITY-ST-ZIP	TALLAHASSEE FL	3.4 CITY-ST-ZIP	SARASOTA, FLA. 34236---TRUSTEE
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HATCHER, DEBORAH	4.2 NAME	
STREET ADDRESS	RT 1 BOX 68	4.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	4.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALIFANO, KAREN YVONNE	5.2 NAME	CHANGE ADDRESS ONLY
STREET ADDRESS	1040 UNIVERSITY PKWY, STE 319	5.3 STREET ADDRESS	850 S. TAMiami TRAIL #422
CITY-ST-ZIP	SARASOTA FL 34234	5.4 CITY-ST-ZIP	SARASOTA, FLA. 34236
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	

I 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, with all other like empowered.

SARASOTA, FLA. 34236
T-11-99 941-454-3680

CR 1037 (11/98)