

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2002 8:00 am
Secretary of State

0006656

DOCUMENT # N94000002748

1. Entity Name

THE NEW COVENANT TEMPLE, CORP.

01-16-2002 90265 024 ****61.25

Principal Place of Business P. O. BOX 14594 TALLAHASSEE FL 32317	Mailing Address P. O. BOX 14594 TALLAHASSEE FL 32317
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>my apt. Paper work only</i>	3. Mailing Address <i>P.O. Box 14594</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>Tallahassee, Fl.</i>	City & State <i>Tallahassee, Fl.</i>
Zip <i>32301</i>	Zip <i>32317</i>
Country <i>Leon</i>	Country <i>Leon</i>

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. Name and Address of Current Registered Agent

HAMMELL, MARGARET
301 EAST CAROLINA ST.
#802
TALLAHASSEE FL 32301

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.

I Am Not changing Anything But errors in Addresses

SIGNATURE *Margaret Hammell, Director* DATE _____

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

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 STREET ADDRESS CITY-ST-ZIP	D HAMMELL, MARGARET 301 EAST CAROLINA ST. #802 TALLAHASSEE FL 32301 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CALIFANO, KAREN Y 301 EAST CAROLINA ST. #802 TALLAHASSEE FL 32301 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CALIFANO, MICHAEL J 301 EAST CAROLINA ST. #802 TALLAHASSEE FL 32301 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HATCHER, DEBORAH 2636 W. MISSION RD TALLAHASSEE FL 32304 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CALIFANO, KAREN YVONNE 850 S TAMiami TRAIL #422 SARASOTA FL 34236 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CALIFANO, MICHAEL J 2636 W. MISSION RD TALLAHASSEE FL 32304 <input checked="" type="checkbox"/> Delete

Address corrected

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T. CALIFANO, KAREN Y. <input type="checkbox"/> Change <input type="checkbox"/> Addition 3909 Reserve DR. #223 TALLAHASSEE, FL. 32311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T. CALIFANO, MICHAEL J. <input type="checkbox"/> Change <input type="checkbox"/> Addition 3909 Reserve DR. #223 TALLAHASSEE, FL. 32311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST. HATCHER, DEBORAH S. <input type="checkbox"/> Change <input type="checkbox"/> Addition RT 1, Box 68 TALLAHASSEE, FL 32312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T. CALIFANO, PAUL J. <input type="checkbox"/> Change <input type="checkbox"/> Addition 3909 Reserve DR. #223 TALLAHASSEE, FL. 32311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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* DATE: *1-10-02* DAYTIME PHONE #: *224-7552*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2007 (9/01)