

NONPROFIT CORPORATION ANNUAL REPORT 1999



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

FILED
Jun 28, 1999 8:00 am
Secretary of State

06-28-1999 90003 019 ****70.00

DOCUMENT # N98000004577

1. Corporation Name
NEW COVENANT FELLOWSHIP OF ST. PETERSBURG, INC.

Principal Place of Business: 3434 79TH WAY NORTH, ST. PETERSBURG FL 33710
Mailing Address: 3434 79TH WAY NORTH, ST. PETERSBURG FL 33710



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 08/10/1998
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3539960
City & State 23	City & State 28	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent SMITH, ARTHUR J 3434 79TH WAY NORTH ST. PETERSBURG FL 33710	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
--	--

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	PRESIDENT/PASTOR / O <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit
NAME	ARTHUR J. SMITH	1.2 NAME	
STREET ADDRESS	3434 79th Way N.	1.3 STREET ADDRESS	
CITY-ST-ZIP	St. Petersburg, FL 33710	1.4 CITY-ST-ZIP	
TITLE	VIC- PRESIDENT / O <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit
NAME	Rev. Glenn Davis	2.2 NAME	
STREET ADDRESS	344 Fountainview Circle	2.3 STREET ADDRESS	
CITY-ST-ZIP	Oldsmar, FL 34677	2.4 CITY-ST-ZIP	
TITLE	BOARD DIRECTOR <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit
NAME	JIM SVELTEN	3.2 NAME	
STREET ADDRESS	1012 Barkwood Ct.	3.3 STREET ADDRESS	
CITY-ST-ZIP	Safety Harbor, FL 34695	3.4 CITY-ST-ZIP	
TITLE	MERIDETH E. SMITH BIT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit
NAME	3434 79th Way N.	4.2 NAME	
STREET ADDRESS	St. Petersburg, FL 33710	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 another title empowered.

SIGNATURE: Rev. Glenn Davis Date: 6-24-99 Daytime Phone #: 727-344-38
OR 727-347-8