

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 22, 2000 8:00 am
Secretary of State

08-22-2000 90002 030 ****70.00

DOCUMENT # N98000004577

1. Entity Name

NEW COVENANT FELLOWSHIP OF ST. PETERSBURG, INC.

P

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

3. Mailing Address

5801 22nd Ave. N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

City & State

4. FEI Number

59-3539960

Applied For

Not Applicable

Zip

33710

Country

Zip

Country

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, ARTHUR J
3434 79TH WAY NORTH
ST. PETERSBURG FL 33710

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

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
After September 13, 2000 min. will be \$236.25

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	PPD	<input type="checkbox"/> Delete
NAME	SMITH, ARTHUR J	
STREET ADDRESS	3434 -79TH WAY N.	
CITY-ST-ZIP	SAINT PETERSBURG FL 33710	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	DAVIS, GLENN REV.	
STREET ADDRESS	344 FOUNTAINVIEW CIR	
CITY-ST-ZIP	OLDSMAR FL 34677	
TITLE	BD	<input type="checkbox"/> Delete
NAME	SNELTEN, JIM	
STREET ADDRESS	1012 BARKWOOD CT	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	
TITLE	ST	<input type="checkbox"/> Delete
NAME	SMITH, MERIDETH E	
STREET ADDRESS	3434 -79TH WAY N.	
CITY-ST-ZIP	SAINT PETERSBURG FL 33710	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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)(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: *ARTHUR J SMITH*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-19-00
 Date

727-344-3804
 Daytime Phone #

CFR2E037 (5/00)