

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N98000004577

FILED
Apr 29, 2003
Secretary of State

Entity Name: NEW COVENANT FELLOWSHIP OF ST. PETERSBURG, INC.

Current Principal Place of Business:

5801 22ND AVE N.
SAINT PETERSBURG, FL 33710

New Principal Place of Business:

Current Mailing Address:

3434 79TH WAY NORTH
ST. PETERSBURG, FL 33710

New Mailing Address:

FEI Number: 59-3539960

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PPD () Delete
Name: SMITH, ARTHUR J
Address: 3434 -79TH WAY N.
City-St-Zip: SAINT PETERSBURG, FL 33710

Title: VPD () Delete
Name: DAVIS, GLENN REV.
Address: 344 FOUNTAINVIEW CIR
City-St-Zip: OLDSMAR, FL 34677

Title: BD () Delete
Name: SNELTEN, JIM
Address: 1012 BARKWOOD CT
City-St-Zip: SAFETY HARBOR, FL 34695

Title: ST () Delete
Name: SMITH, MERIDETH E
Address: 3434 -79TH WAY N.
City-St-Zip: SAINT PETERSBURG, FL 33710

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARTHUR J. SMITH

PPD

04/29/2003

Electronic Signature of Signing Officer or Director

_____ Date