

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000001383

1. Entity Name

~~LIVING FAITH CHRISTIAN FELLOWSHIP OF FLORIDA, INC.~~
NEW COVENANT FAMILY Church, INC.

Principal Place of Business

Mailing Address

4923 DARLINGTON RD
HOLIDAY FL 34690
US

P.O. BOX 1283
NEW PORT RICHEY FL 34656-1283
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

TARPON SPRINGS

Zip

Country

Zip

Country

34688-0835 US

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DR. JOSEPH A. CERRETA
4923 DARLINGTON RD
HOLIDAY FL 34690

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

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 PCD ☐ Delete
NAME DR. JOSEPH A. CERRETA
STREET ADDRESS 6050 CALIBER COURT
CITY-ST-ZIP PORT RICHEY FL 34655

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME CERETTA, DANA MAUREEN
STREET ADDRESS 6050 CALIBER COURT
CITY-ST-ZIP NEW PORT RICHEY FL 34655

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME BASAK, JACQUELINE A
STREET ADDRESS 7504 HIGH PINES COURT
CITY-ST-ZIP PORT RICHEY FL 34668

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME WINER, MICHAEL
STREET ADDRESS 535 HENRY AVENUE EXT.
CITY-ST-ZIP STRATFORD CT 06497

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

JOSEPH A. CERRETA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/2000
Date

727-939-9400
Daytime Phone #

FILED
Feb 28, 2000 8:00 am
Secretary of State

02-28-2000 90186 050 ****70.00

LUU20001



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3178641

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

CR2E037 (9/99)