

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 08, 2003 8:00 am**  
**Secretary of State**

05-08-2003 90153 032 \*\*\*\*70.00

**DOCUMENT # N93000001383**

1. Entity Name

**NEW COVENANT FAMILY CHURCH, INC.**



Principal Place of Business

**4923 DARLINGTON RD  
HOLIDAY FL 34690  
US**

Mailing Address

**P.O. BOX 935  
TARPON SPRINGS FL 34688-0935  
US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-3178641**

Applied For

Not Applicable

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

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

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

TITLE **TD** ☐ Delete  
NAME **CESTONE, TONY**  
STREET ADDRESS **9 SOMERSTOWN RD**  
CITY-ST-ZIP **OSSINING NY 10562**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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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:

**SIGNATURE OF AGENT: Cerreta**

**5/11/03 727-939-9400**

CR2E037 (10/02)