

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

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CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

58 MAY -1 AM 9:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 735407 (9)

1. Corporation Name  
**EPISCOPAL CHURCH OF THE NEW COVENANT, INC.**

Principal Place of Business Mailing Address  
**675 TUSCAWILLA ROAD WINTER SPRINGS FL 32708** **875 TUSCAWILLA ROAD WINTER SPRINGS FL 32708**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/29/1976** 3a. Date of Last Report **05/11/1994**  
4. FEI Number **59-6599688** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21 26  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 27  
City & State City & State  
23 28  
Zip Country Zip Country  
24 25 29 30

5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BUFFINGTON, CARL E. J  
1506 EAGLE NEST CIRCLE  
WINTER PARK, FL  
WINTER SPRINGS FL 32708**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BUFFINGTON, CARL E JR</b>	1.2 NAME	
STREET ADDRESS	<b>1506 EAGLE NEST CIRCLE</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>WINTER SPRINGS FL</b>	1.4 CITY - ST - ZIP	
TITLE	<b>T</b>	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHAW, THOMAS</b>	2.2 NAME	<b>K. Michael Smith</b>
STREET ADDRESS	<b>538 UNDERHILL DRIVE</b>	2.3 STREET ADDRESS	<b>3772 Idlebrook Circle</b>
CITY - ST - ZIP	<b>ORLANDO FL</b>	2.4 CITY - ST - ZIP	<b>CASSLERBERRY, FL 32707</b>
TITLE	<b>SD</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BEAUDOIN, CAROLE</b>	3.2 NAME	
STREET ADDRESS	<b>220 BANBURN CT</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>LONGWOOD FL</b>	3.4 CITY - ST - ZIP	
TITLE	<b>D</b>	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LAVERY, JAEL</b>	4.2 NAME	<b>DAN DAHL</b>
STREET ADDRESS	<b>1012 QUAKER RIDGE CT</b>	4.3 STREET ADDRESS	<b>457 S. LAKE TRIPLETT DR.</b>
CITY - ST - ZIP	<b>OVIEDO FL</b>	4.4 CITY - ST - ZIP	<b>CASSLERBERRY, FL 32707</b>
TITLE	<b>D</b>	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PLUM, JERRY</b>	5.2 NAME	<b>Harold Williams</b>
STREET ADDRESS	<b>1019 CHESTERFIELD CIRCLE</b>	5.3 STREET ADDRESS	<b>1302 BUCCANER COURT</b>
CITY - ST - ZIP	<b>WINTER SPRINGS FL</b>	5.4 CITY - ST - ZIP	<b>WINTER PARK, FL 32792</b>
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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.

SIGNATURE: *K. Michael Smith* **K. Michael Smith** 4/21/95 699-0202  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Name) (Signature Please)

6.1 D

6.2 KEN EDWARDS

6.3 974 WILLOW RUN

6.4 WINTER SPRINGS, FL 32708

7.1 D

7.2 JOE ELMER

7.3 1643 EAGLE NEST CIR

7.4 CASSLEBERRY, FL 32707

8.1 D

8.2 AMY WILDAY

8.3 2342 WESTMINSTER TER

8.4 OVIEDO, FL 32765

9.1 D

9.2 BOB CASAVANT

9.3 2720 MIKLER RD.

9.4 OVIEDO, FL 32765

10.1 D

10.2 WILLIAM MOORE (CHANGE)

10.3 1102 ERIE CT.

10.4 WINTER SPRINGS, FL 32708

11.1 D

11.2 MIKE ZIOMEK (CHANGE)

11.3 289 SAXONY CT.

11.4 WINTER SPRINGS, FL 32708