

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 735407 (9)
1. Corporation Name
EPISCOPAL CHURCH OF THE NEW COVENANT, INC.



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

3. Date Incorporated or Qualified: **03/29/1976**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-6599688**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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

9. Name and Address of Current Registered Agent
BUFFINGTON, CARL E. J
4506 EAGLE NEST CIRCLE 1402 BENTLEY COVE COURT
WINTER PARK, FL
WINTER SPRINGS FL 32708

10. Name and Address of New Registered Agent
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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ DATE: _____
(NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUFFINGTON, CARL E JR	1.2 NAME	
STREET ADDRESS	1506 EAGLE NEST CIRCLE	1.3 STREET ADDRESS	1402 BENTLEY COVE COURT
CITY-ST-ZIP	WINTER SPRINGS FL	1.4 CITY-ST-ZIP	WINTER SPRINGS, FL 32708
TITLE	T <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, MICHAEL K	2.2 NAME	ANDREW BEAUDOIN
STREET ADDRESS	3773 IDLEBROOK CIRCLE	2.3 STREET ADDRESS	494 EAGLE CIRCLE
CITY-ST-ZIP	CASSELBERRY FL	2.4 CITY-ST-ZIP	CASSELBERRY, FL 32707
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEAUDOIN, CAROLE	3.2 NAME	MIKE ZIOMEK
STREET ADDRESS	220 BANBURN CT	3.3 STREET ADDRESS	289 SAXONY CT.
CITY-ST-ZIP	LONGWOOD FL	3.4 CITY-ST-ZIP	WINTER SPRINGS, FL 32708
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAHL, DAN	4.2 NAME	Bill MOORE
STREET ADDRESS	457 S LAKE TRIPLETT DRIVE	4.3 STREET ADDRESS	1102 ERIE CT.
CITY-ST-ZIP	CASSELBERRY FL	4.4 CITY-ST-ZIP	WINTER SPRINGS, FL 32708
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, HAROLD	5.2 NAME	Nancy Plum (D)
STREET ADDRESS	1302 BUCCANEER COURT	5.3 STREET ADDRESS	1019 CHESTERFIELD CIRCLE
CITY-ST-ZIP	WINTER PARK FL	5.4 CITY-ST-ZIP	WINTER SPRINGS, FL 32708
TITLE	<input type="checkbox"/> DELETE	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)(k), 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: Carl Buffington 1/30/96 (407) 699-0202
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)