

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Jan 23 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 735407 (9)**

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



Principal Place of Business <b>800 875 TUSCAWILLA ROAD WINTER SPRINGS FL 32708</b>	Mailing Address <b>800 875 TUSCAWILLA ROAD WINTER SPRINGS FL 32708</b>
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3. Date Incorporated or Qualified  
**03/29/1976**

4. FEI Number  
**59-6599688**

Applied For	
Not Applicable	

2. Principal Place of Business <b>21 800 TUSKAWILLA Road</b>	2a. Mailing Address <b>28 800 TUSKAWILLA Road</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

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. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

**BUFFINGTON, CARL E. J  
1402 BENTLEY COVE COURT  
WINTER SPRINGS FL 32708**

10. Name and Address of New Registered Agent

<b>B1</b> Name	
<b>B2</b> Street Address (P.O. Box Number is Not Acceptable)	
<b>B3</b>	
<b>B4</b> City	<b>B5</b> 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>BUFFINGTON, CARL E JR</b>	
STREET ADDRESS	<b>1402 BENTLEY COVE COURT</b>	
CITY-ST-ZIP	<b>WINTER SPRINGS FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>SZOSTAK, GERALD</b>	
STREET ADDRESS	<b>4078 BELLE MEADE CT</b>	
CITY-ST-ZIP	<b>CASSELBERRY FL</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>ZIOMEK, MIKE</b>	
STREET ADDRESS	<b>289 SAXONY CT</b>	
CITY-ST-ZIP	<b>WINTER SPRINGS FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>HIGGINS, TOM</b>	
STREET ADDRESS	<b>921 OAK FOREST</b>	
CITY-ST-ZIP	<b>WINTER SPRINGS FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>PLUM, NANCY</b>	
STREET ADDRESS	<b>1019 CHESTERFIELD CIRCLE</b>	
CITY-ST-ZIP	<b>WINTER SPRINGS FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>SD</b>
3.3 STREET ADDRESS	<b>Wendy CORDEIRO</b>
3.4 CITY-ST-ZIP	<b>481 SUN LAKE Cir. #115 LAKE MARY, FL 32746</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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 E Buffington* CARL E BUFFINGTON 1/12/98 (407) 699-0202

CR2E037 (1097)