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Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90067 049 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 735407

1. Corporation Name

EPISCOPAL CHURCH OF THE NEW COVENANT, INC.

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 155012 90067 49

Principal Place of Business 800 TUSKAWILLA RD WINTER SPRINGS FL 32708 US	Mailing Address 800 TUSKAWILLA RD WINTER SPRINGS FL 32708 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 03/29/1976
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-6599688
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BUFFINGTON, CARL E JR		1.2 NAME	
STREET ADDRESS 1402 BENTLEY COVE COURT		1.3 STREET ADDRESS	
CITY-ST-ZIP WINTER SPRINGS FL		1.4 CITY-ST-ZIP	
TITLE T	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SZOSTAK, GERALD		2.2 NAME	ROBERT B. COLL
STREET ADDRESS 4079 BELLE MEADE CT		2.3 STREET ADDRESS	1048 PEBBLE BEACH CIRCLE W.
CITY-ST-ZIP CASSELBERRY FL		2.4 CITY-ST-ZIP	WINTER SPRINGS, FL 32708
TITLE SD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CORDEIRO, WENDY		3.2 NAME	CINDY NIEMIEC
STREET ADDRESS 481 SUN LAKE CIR #115		3.3 STREET ADDRESS	4994 COURTLAND LOOP
CITY-ST-ZIP LAKE MARY FL 32746		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 HIGGINS, TOM		4.2 NAME	CRAIG REILLY
STREET ADDRESS 921 OAK FOREST		4.3 STREET ADDRESS	1675 WINGSPAN WAY
CITY-ST-ZIP WINTER SPRINGS 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 PLUM, NANCY		5.2 NAME	PAT MULDOWNY
STREET ADDRESS 1019 CHESTERFIELD CIRCLE		5.3 STREET ADDRESS	1112 CARDINAL CREEK PLACE
CITY-ST-ZIP WINTER SPRINGS FL		5.4 CITY-ST-ZIP	OVIDO, FL 32765
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 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, with all other like empowered.

SIGNATURE: Carl E. Buffington SIGNATURE REQUIRED CARL E. BUFFINGTON (407) 699-0202
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)