

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 20, 2000 8:00 am**  
**Secretary of State**

01-20-2000 90214 003 \*\*\*\*61.25

**DOCUMENT # 735407**

1. Entity Name

**EPISCOPAL CHURCH OF THE NEW COVENANT, INC.**

Principal Place of Business

Mailing Address

800 TUSKAWILLA RD  
 WINTER SPRINGS FL 32708  
 US

800 TUSKAWILLA RD  
 WINTER SPRINGS FL 32708-4021  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-6599688**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**BUFFINGTON, CARL E. J**  
~~1402 BENTLEY COVE COURT~~ **907 KIM COURT**  
 WINTER SPRINGS FL 32708

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.

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 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Delete  
 NAME **P**  
**BUFFINGTON, CARL E JR**  
 STREET ADDRESS ~~1402 BENTLEY COVE COURT~~ **907 KIM CT.**  
 CITY-ST-ZIP **WINTER SPRINGS FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **T**  
**COLL, ROBERT B**  
 STREET ADDRESS **1048 PEBBLE BEACH CIR W**  
 CITY-ST-ZIP **WINTER SPRINGS FL 32708**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **SD**  
**NIEMIEC, CINDY**  
 STREET ADDRESS **4994 COURTLAND LOOP**  
 CITY-ST-ZIP **WINTER SPRINGS FL 32708**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D**  
**HIGGINS, TOM**  
 STREET ADDRESS **921 OAK FOREST**  
 CITY-ST-ZIP **WINTER SPRINGS FL**

TITLE  Change  Addition  
 NAME **D**  
**John Cholewa**  
 STREET ADDRESS **482 CLARETON AVE.**  
 CITY-ST-ZIP **WINTER PARK, FL 32789**

TITLE  Delete  
 NAME **D**  
**PLUM, NANCY**  
 STREET ADDRESS **1019 CHESTERFIELD CIRCLE**  
 CITY-ST-ZIP **WINTER SPRINGS FL**

TITLE  Change  Addition  
 NAME **D**  
**CRAIG REILLY**  
 STREET ADDRESS **1675 WINGSPAN WAY**  
 CITY-ST-ZIP **WINTER SPRINGS, FL 32708**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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: *Carl E. Buffington*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **CARL E. BUFFINGTON**

407-699-0202  
 Daytime Phone #

CR2E037 (9/99)