

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2001 8:00 am
Secretary of State

01-27-2001 90087 006 ****61.25

DOCUMENT # 735407

1. Entity Name

EPISCOPAL CHURCH OF THE NEW COVENANT, INC.

Principal Place of Business

**800 TUSKAWILLA RD
 WINTER SPRINGS FL 32708
 US**

Mailing Address

**800 TUSKAWILLA RD
 WINTER SPRINGS FL 32708
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-6599688

Applied For

Not Applicable

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
 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 | NAME | STREET ADDRESS | CITY-ST-ZIP | | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | |
|-------|------------------------------|--------------------------------|--------------------------------|---------------------------------|-------|------|----------------|-------------|---|
| | P | | | <input type="checkbox"/> Delete | | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | BUFFINGTON, CARL E JR | 907 KIM COURT | WINTER SPRINGS FL | | | | | | |
| | T | | | <input type="checkbox"/> Delete | | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | COLL, ROBERT B | 1048 PEBBLE BEACH CIR W | WINTER SPRINGS FL 32708 | | | | | | |
| | SD | | | <input type="checkbox"/> Delete | | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | NIEMIEC, CINDY | 4994 COURTLAND LOOP | WINTER SPRINGS FL 32708 | | | | | | |
| | D | | | <input type="checkbox"/> Delete | | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | CHOLEWA, JOHN | 482 CLARDON AVE | WINTER PARK FL 32789 | | | | | | |
| | D | | | <input type="checkbox"/> Delete | | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | REILLY, CRAIG | 1675 WINGSPAN WAY | WINTER SPRINGS FL 32708 | | | | | | |
| | | | | <input type="checkbox"/> Delete | | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *[Signature]* **REQUIRED** *1/19/01 4076990208*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)