


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90215 020 ****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		04212004 Chg-NP CR2E037 (10/03)	
Zip		Country		4. FEI Number 59-6599688	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUFFINGTON, CARL E JR			NAME	
STREET ADDRESS	907 KIM COURT			STREET ADDRESS	
CITY-ST-ZIP	WINTER SPRINGS, FL			CITY-ST-ZIP	
TITLE	T	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHAFFER, JOHN			NAME	
STREET ADDRESS	1925 WINGFIELD DR			STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD, FL 32779			CITY-ST-ZIP	
TITLE	SD	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WINDERWEEDLE, JIMMIE			NAME	Bolton, Brian
STREET ADDRESS	4417 N LANDMARK DR			STREET ADDRESS	1629 Wood Duck Drive
CITY-ST-ZIP	ORLANDO, FL 32817			CITY-ST-ZIP	Winter Springs, FL 32708
TITLE	D	<input type="checkbox"/> Delete		TITLE	S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CULP, SCOTT			NAME	
STREET ADDRESS	2326 WESTMINSTER TERRACE			STREET ADDRESS	
CITY-ST-ZIP	OVIEDO, FL 32765			CITY-ST-ZIP	
TITLE	SD	<input type="checkbox"/> Delete		TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SINGLETON, TERRY			NAME	
STREET ADDRESS	1773 OWASCO STREET			STREET ADDRESS	
CITY-ST-ZIP	WINTER SPRINGS, FL 32708			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				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: <i>Carl Buffington</i>				Date: 4-28-04 4076990202	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	

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