

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90700 018 \*\*\*\*70.00

0011194

**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**

11000000



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
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  
**BUFFINGTON, CARL E. J  
907 KIM COURT  
WINTER SPRINGS FL 32708**

7. Name and Address of New Registered Agent  
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 \_\_\_\_\_

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

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>BUFFINGTON, CARL E JR</b>	
STREET ADDRESS	<b>907 KIM COURT</b>	
CITY-ST-ZIP	<b>WINTER SPRINGS FL</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>COLL, ROBERT B</b>	
STREET ADDRESS	<b>1048 PEBBLE BEACH CIR W</b>	
CITY-ST-ZIP	<b>WINTER SPRINGS FL 32708</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>NIEMIEC, CINDY</b>	
STREET ADDRESS	<b>4994 COURTLAND LOOP</b>	
CITY-ST-ZIP	<b>WINTER SPRINGS FL 32708</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CULP, SCOTT</b>	
STREET ADDRESS	<b>2326 WESTMINSTER TERRACE</b>	
CITY-ST-ZIP	<b>OVIEDO FL 32765</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>SINGLETON, TERRY</b>	
STREET ADDRESS	<b>536 UNDERHILL RD</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32803</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>John Schaffer</b>	
STREET ADDRESS	<b>1925 Wingfield Dr.</b>	
CITY-ST-ZIP	<b>Longwood, FL 32779</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Jimmie Winderweede</b>	
STREET ADDRESS	<b>4417 N. Landmark Dr.</b>	
CITY-ST-ZIP	<b>Orlando, FL 32817</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>1773 Owasco Street</b>	
CITY-ST-ZIP	<b>Winter Springs, FL 32708</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:  **SIGNATURE REQUIRED** **4-30-03** **407-699-0002**

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

CR2E037 (10/02)