

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90083 034 ****61.25

DOCUMENT # 735934

1. Entity Name

NEW COVENANT OF JESUS, INC.

Principal Place of Business

206 PENNSYLVANIA AVE.
 CLEARWATER FL 34615
 US

Mailing Address

3832 CATTAIL MARSH CT.
 APT. 240
 PALM HARBOR FL 34684-4338

2. Principal Place of Business

3. Mailing Address

29081 U.S. Hwy 19 N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

389

City & State

Clearwater Fla.

Zip

Country

Zip 33761

Country

4. FEI Number

59-1677869

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MOSLEY, LOYD C
 1482 COACHMAN RD.
 CLEARWATER FL 33516

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.

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

TITLE	PFFD	<input type="checkbox"/> Delete
NAME	DENMARK, MELBER T.	
STREET ADDRESS	2690 DREW ST.	
CITY-ST-ZIP	CLEARWATER FL 34615	
TITLE	STDT	<input type="checkbox"/> Delete
NAME	DENMARK, MARCIA	
STREET ADDRESS	206 PENNSYLVANIA AVE.	
CITY-ST-ZIP	CLEARWATER FL 34615	
TITLE	VD	<input type="checkbox"/> Delete
NAME	STRICKLAND, LAVELLE	
STREET ADDRESS	123 LAKESHORE DR.	
CITY-ST-ZIP	TARPON SPRINGS FL 34628	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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: MELBER T. DENMARK *Melber T. Denmark*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 PFFD

4-12-00 727-787-4891
 Date Daytime Phone #

CR2E037 (9/99)