

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 13, 2001 8:00 am**  
**Secretary of State**

0003515

**DOCUMENT # 735934**

1. Entity Name

**NEW COVENANT OF JESUS, INC.**

04-13-2001 90090 040 \*\*\*\*70.00

Principal Place of Business

Mailing Address

**206 PENNSYLVANIA AVE.  
 CLEARWATER FL 34615  
 US**

**29081 U.S. HWY 19 NORTH  
 SUITE 389  
 CLEARWATER FL 33761**

**00036311**



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

**59-1677869**

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

**MOSLEY, LOYD C  
 1482 COACHMAN RD.  
 CLEARWATER FL 33516**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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  Delete  
**PFC**  
**DENMARK, MELBER T.**  
 STREET ADDRESS  
**2690 DREW ST.**  
 CITY-ST-ZIP  
**CLEARWATER FL 34615**

TITLE NAME  Change  Addition  
**Denmark, Marcia**  
 STREET ADDRESS  
**29081 U.S. Hwy.19 North**  
**#389 Clearwater, Fla. 33761**

TITLE NAME  Delete  
**STDT**  
**DENMARK, MARCIA**  
 STREET ADDRESS  
**206 PENNSYLVANIA AVE.**  
 CITY-ST-ZIP  
**CLEARWATER FL 34615**

TITLE NAME  Change  Addition  
**STDTV**  
**Garrett S. Denmark**  
 STREET ADDRESS  
**1420 Azalea Dr. Palm Harbor, Fla.**

TITLE NAME  Delete  
**VD**  
**STRICKLAND, LAVELLE**  
 STREET ADDRESS  
**123 LAKESHORE DR.**  
 CITY-ST-ZIP  
**TARPON SPRINGS FL 34628**

TITLE NAME  Change  Addition  
**DT**  
**Debera Spatz**  
 STREET ADDRESS  
**1206 Lagoon Dr.**  
**Clearwater, Fla.**

TITLE NAME  Delete

TITLE NAME  Change  Addition

TITLE NAME  Delete

TITLE NAME  Change  Addition

TITLE NAME  Delete

TITLE NAME  Change  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: **Pres. Marcia Denmark** *Marcia Denmark* 4-4-2001 781-4891  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)