2002 UNIFORM BUSINESS REPORT (UBR)

Jan 16, 2002 8:00 am Secretary of State **DOCUMENT # 735934** 01-16-2002 90075 034 ****61.25 NEW COVENANT OF JESUS, INC. Principal Place of Business Mailing Address 206 PENNSYLVANIA AVE. 29081 U.S. HWY 19 NORTH CLEARWATER FL 34615 SUITE 389 CLEARWATER FL 33761 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-1677869 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) MOSLEY, LOYD C 1482 COACHMAN RD. *CLEARWATER FL 33516 Zip Code FL 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 ಕರ್ತ್ ಪರ ಆರ್. ಇ 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. **PFCD** TITLE TITLE ☐ Delete Addition CR2E037 (9/01 DENMARK, MARCIA NAME NAME STREET ADDRESS 29081 U.S. HWY 19 NORTH #389 STREET ADDRESS CITY-ST-ZIP CLEARWATER FL 33761 CITY-ST-7IP STDT TITLE L. W. . . . ☐ Delete TITLE Change ☐ Addition DENMARK, GARRETT S NAME: SECTION NAME STREET ADDRESS 1420 ASALEA DR STREET ADDRESS CITY-ST-ZIP PALM HARBOR FL CITY-ST-ZIP DT ☐ Delete TITLE ☐ Change ☐ Addition SPATZ, DEBRA NAME NAME STREET ADDRESS 1206 LAGOON DR STREET ADDRESS CITY-ST-ZIP CLEARWATER FL CITY-ST-ZIP TITLE ☐ Delete TITLE. ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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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.

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SIGNATURE: MAKCIAI DENMARKI MULLISTANIAN PRES. 1-10-2002 787-4891