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4-19-95 APPROVED AND FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **757527** **(7)**

1. Corporation Name

NEW COVENANT CHURCH OF APOPKA, INC.

Principal Place of Business	Mailing Address
4400 SOUTH ORANGE AVENUE ORLANDO FL 32806 US	4400 SOUTH ORANGE AVENUE ORANGE FL 32806 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/13/1981
3a. Date of Last Report: 08/09/1994
4. FEI Number: 59-2101983 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 427 Dream Lake Dr.	26 427 Dream Lake Drive
22 ~~Apopka, FL~~	27 ~~Apopka, FL~~
23 Apopka, FL	28 Apopka, FL
24 Zip 32712	29 Zip 32712
25 Country Orange	30 Country Orange

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032,* Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WAITS, W. DAVID 427 DREAM LAKE DRIVE APOPKA FL 32712	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VDS	11 TITLE	DP	☒ Change ☐ Addition
NAME	WAITS, DAVID	12 NAME	W. David Waits	
STREET ADDRESS	427 DREAM LAKE DRIVE	13 STREET ADDRESS	427 Dream Lake Drive	
CITY-ST-ZIP	APOPKA, FL 00000	14 CITY-ST-ZIP	Apopka, FL 32712	
TITLE	PDT	21 TITLE	DV	☒ Change ☐ Addition
NAME	LOVELESS DAVID	22 NAME	Larry Brown	
STREET ADDRESS	6522 MATCHET RD.	23 STREET ADDRESS	8441 Cedar Cove Drive	
CITY-ST-ZIP	ORLANDO FL 32809	24 CITY-ST-ZIP	Orlando, FL 32809	
TITLE	STD	31 TITLE	DST	☒ Change ☐ Addition
NAME	BROWN LARRY	32 NAME	Pat McGuffin	
STREET ADDRESS	8441 CEDAR COVE DR.	33 STREET ADDRESS	432 Bison Circle	
CITY-ST-ZIP	ORLANDO FL 32819	34 CITY-ST-ZIP	Apopka, FL 32712	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: W. David Waits 4-15-95 (407) 889-4812
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0033764