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Feb 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morand Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 763474 (4)

1. Corporation Name
NEW COVENANT INC.

Principal Place of Business 1991 LAKE DR. CASSELBERRY FL 32707	Mailing Address 1991 LAKE DR. CASSELBERRY FL 32707-4132
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 05/28/1982	3a. Date of Last Report 02/06/1996
4. FEI Number 59-2258171	Applied For Not Applicable
5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

**HAZEN, ROBERT
545 HIGHLAND ST.
ALTAMONTE SPRINGS FL 32708**

10. Name and Address of New Registered Agent

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	SO	☐ DELETE
NAME	GRIER, STEVEN	
STREET ADDRESS	201 RIVER BEND CT.	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	PD	☐ DELETE
NAME	HAZEN, ROBERT	
STREET ADDRESS	545 HIGHLAND STREET	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE	TD	☒ DELETE
NAME	RICE, LOUIS	
STREET ADDRESS	240 SHEPPARD ST.	
CITY-ST-ZIP	ALTAMONTE SPGS FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Treasurer TD	☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Secretary	☐ Change ☒ Addition
4.2 NAME	Hogue, William SD	
4.3 STREET ADDRESS	150 Lombardy Rd	
4.4 CITY-ST-ZIP	Winter Spgs. FL 32708	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 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: **Robert L Hazen** **1-22-97** **407-695-7009**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0012850

CR2E037 (9/96)