

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 768834 (4)
1. Corporation Name
NEW COVENANT EDUCATIONAL MINISTRIES, INCORPORATE D



Principal Place of Business Mailing Address
**C/O WILEY TOMLINSON
2361 CORTEZ ROAD
JACKSONVILLE FL 32246
US**

3. Date Incorporated or Qualified **06/09/1983** 3a. Date of Last Report **03/03/1995**
4. FEI Number **59-2445925** 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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 24 Country 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent

**TOMLINSON, WILEY
12757 HIDDEN CIRCLE, S.
JACKSONVILLE FL 32246**

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 NAME ☐ DELETE
STREET ADDRESS
CITY-ST-ZIP
PD
TOMLINSON, WILEY
12757 HIDDEN CIRCLE, SO.
JACKSONVILLE FL
VDT
TOMLINSON, JEANA
12757 HIDDEN CIRCLE, SO.
JACKSONVILLE FL
VD
GRABAU, CALVIN D.
12009 SAVERIO LANE
JACKSONVILLE FL
VS
BAILEY, ROBERT E
639 QUEENS HARBOR BLVD
JACKSONVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE PD ☐ Change ☒ Addition
1.2 NAME Tomlinson, Wiley
1.3 STREET ADDRESS 12757 Hidden Circle, S.
1.4 CITY-ST-ZIP Jacksonville, FL 32225
2.1 TITLE VDT ☐ Change ☒ Addition
2.2 NAME Tomlinson, Jeana
2.3 STREET ADDRESS 12757 Hidden Circle, S.
2.4 CITY-ST-ZIP Jacksonville, FL 32225
3.1 TITLE VD ☒ Change ☐ Addition
3.2 NAME Grabau, Calvin D.
3.3 STREET ADDRESS 11851 Hidden Hills Drive
3.4 CITY-ST-ZIP Jacksonville, FL 32225
4.1 TITLE VS ☐ Change ☒ Addition
4.2 NAME Bailey, Robert E.
4.3 STREET ADDRESS 639 Queens Harbor Boulevard
4.4 CITY-ST-ZIP Jacksonville, FL 32225
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 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: **ROBERT E. BAILEY, SECRETARY**

1/22/96 (904) 641-7600
Date Daytime Phone #

CR2E037 (12/95)