

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 768834

1. Entity Name

NEW COVENANT EDUCATIONAL MINISTRIES, INCORPORATE

**FILED**  
**Feb 17, 2000 8:00 am**  
**Secretary of State**

02-17-2000 90082 050 \*\*\*\*61.25

Principal Place of Business

Mailing Address

C/O WILEY TOMLINSON  
2361 CORTEZ ROAD  
JACKSONVILLE FL 32246  
US

C/O WILEY TOMLINSON  
2361 CORTEZ ROAD  
JACKSONVILLE FL 32246-2317  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2445925

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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 PD ☐ Delete  
NAME TOMLINSON, WILEY  
STREET ADDRESS 12757 HIDDEN CIRCLE, SO.  
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VDT ☐ Delete  
NAME TOMLINSON, JEANA  
STREET ADDRESS 12757 HIDDEN CIRCLE, SO.  
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE V ☐ Delete  
NAME GRABAU, CALVIN D.  
STREET ADDRESS 11851 HIDDEN HILLS DRIVE  
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VSD ☐ Delete  
NAME BAILEY, ROBERT E  
STREET ADDRESS 639 QUEENS HARBOR BLVD  
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☒ Change ☐ Addition  
NAME VSD  
BAILEY, ROBERT E  
STREET ADDRESS 11096 Crystal Lynn Court  
CITY-ST-ZIP JACKSONVILLE, FL 32226

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/2000 904-641-7600

Date

Daytime Phone #

CR2E037 (9/99)