

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 768834**

1. Entity Name

**NEW COVENANT EDUCATIONAL MINISTRIES, INCORPORATE****FILED****Feb 06, 2001 8:00 am**  
**Secretary of State**

02-06-2001 90272 022 \*\*\*\*61.25

0013135

Principal Place of Business

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-2445925**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

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  
NAME TOMLINSON, WILEY  
STREET ADDRESS 12757 HIDDEN CIRCLE, SO.  
CITY-ST-ZIP JACKSONVILLE FL ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE VDT  
NAME TOMLINSON, JEANA  
STREET ADDRESS 12757 HIDDEN CIRCLE, SO.  
CITY-ST-ZIP JACKSONVILLE FL ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE V  
NAME GRABAU, CALVIN D.  
STREET ADDRESS 11851 HIDDEN HILLS DRIVE  
CITY-ST-ZIP JACKSONVILLE FL ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE VSD  
NAME BAILEY, ROBERT E  
STREET ADDRESS 11096 CRYSTAL LYNN COURT  
CITY-ST-ZIP JACKSONVILLE FL 32226 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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

Date

Daytime Phone #

CR2E037 (10/00)