

FOI 0000004626⁵

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: New Covenant Fellowship
(Name of Corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

CHAR GRAHAM
(Name of Person)

New Covenant Fellowship
(Firm/Company)

P.O. Box 567
(Address)

VERNON, FL 32460
(City/State and Zip Code)

For further information concerning this matter, please call:

Char Graham at (850) 773-2700
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☒ \$87.50 Filing Fee, Certificate of Status & Certified Copy

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

July 25, 2001

CHAR GRAHAM
PO BOX 567
VERNON, FL 32462

SUBJECT: NEW COVENANT FELLOWSHIP MINISTRY AND RESTORATION
CENTER, INC.

Ref. Number: W01000017121

We have received your document for NEW COVENANT FELLOWSHIP MINISTRY AND RESTORATION CENTER, INC. and your check(s) totaling \$87.50. However, the document has not been filed and is being retained in this office for the following:

Pursuant to section 607.1502(4), 617.1502(4) or 608.502(4), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report/uniform business report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report/uniform business report and penalty fees is \$1061.25.

Enclosed please find a copy of section 607.1501, 617.1501, or 608.502, Florida Statutes, which lists those activities that do not constitute transacting business in this state. If after reviewing this section you determine erroneous information was inserted on the application, a notarized affidavit containing the following information must be submitted: 1.) a statement indicating erroneous information was listed on the application; and 2.) the correct date the corporation began transacting business in Florida prior to the year the application was submitted did not constitute transacting business pursuant to section 607.1501, 617.1501 or 608.502, Florida Statutes.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Michael Mays
Document Specialist

Letter Number: 501A00043258

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OFFICE OF THE
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO
CONDUCT ITS AFFAIRS IN FLORIDA**

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN
THE STATE OF FLORIDA:

1. New Covenant Fellowship Ministry and Restoration Center, Inc.
(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

2. NORTH CAROLINA 3. 56-1954237
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. DECEMBER 21, 1995 5. PERPETUAL
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. BEGINNING OF OCT - 2000 -
(Date corporation first conducted Affairs in Florida - See sections 617.1501, 617.1502, and 817.155, F.S.)

7. 3900 New JERUSALEM RD. VERNON, FL 32462
(Principal office address)
P.O. BOX 567 VERNON, FL 32462
(Current mailing address)

8. TO PROVIDE MINISTRY & TRAINING THROUGH AS MANY MEANS AS POSSIBLE TO AS
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida) MANY PEOPLE AS POSSIBLE!

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)

Name: CHARLENE GRAHAM

Office Address: 3900 New JERUSALEM RD

VERNON, Florida 32462
(City) (Zip Code)

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TALLAHASSEE, FLORIDA

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Charlene Graham
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors:

A. DIRECTORS

Chairman: Tommy Reid

Address: 3210 S. Western
Orchard Park, NY 14127

Vice Chairman: Julian Carroll

Address: 25 Fountain Place
Frankfort, KY 40601

Director: Tommy Barnett

Address: 13613 N. Cave Creek Rd.
Phoenix, AZ 85022

Director: Rick Joyner

Address: 4803 W. U.S. Hwy 421
Wilksboro, NC 28697

B. OFFICERS

President: _____

Address: _____

Vice President: _____

Address: _____

Secretary: CHARLENE GRAHAM

Address: 4102 Cambridge Dr., Chipley, FL 32428

Treasurer: Julian Carroll

Address: 25 Fountain Place, Frankfort, KY 40601

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Charlene Graham
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. CHARLENE GRAHAM - SECRETARY OF CORPORATION
(Typed or printed name and capacity of person signing application)

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TALLAHASSEE, FLORIDA



NORTH CAROLINA

Department of The Secretary of State

CERTIFICATE OF EXISTENCE (NONPROFIT)

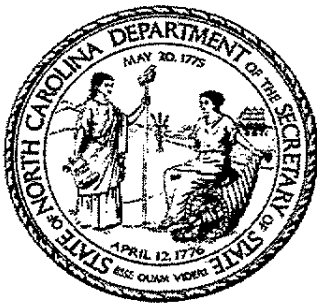
I, **ELAINE F. MARSHALL**, Secretary of State of the State of North Carolina, do hereby certify that

NEW COVENANT FELLOWSHIP MINISTRY AND RESTORATION CENTER, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 29th day of December, 1995, with its period of duration being perpetual.

I **FURTHER** certify that the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Nonprofit Corporation Act; and that the said corporation has not filed articles of dissolution as of the date of this certificate.

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TALLAHASSEE, FLORIDA



IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 24th day of May, 2001.

Elaine F. Marshall

Secretary of State