

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000004834

1. Entity Name NEW COVENANT OF HOPE CHRISTIAN SCHOOL, INC.

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90248 050 ****61.25

C0067651

DO NOT WRITE IN THIS SPACE

Principal Place of Business
45 NORTH ALABAMA RD
Suite 5
Lehigh Acres, FL 33936

Mailing Address
45 NORTH ALABAMA RD.
Suite 5
Lehigh Acres, FL 33936

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
65-1026133

Applied For
☐ Not Applicable

Zip

Country

Zip

Country

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

Linda S. Edwards
45 NORTH ALABAMA RD.
Suite 5
Lehigh Acres, FL 33936

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

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 | <u>President, Director</u> | <input type="checkbox"/> Delete |
| NAME | <u>Michael D. Edwards</u> | |
| STREET ADDRESS | <u>207 Highland Ave.</u> | |
| CITY-ST-ZIP | <u>Lehigh Acres, FL 33972</u> | |
| TITLE | <u>Vice-President, Director</u> | <input type="checkbox"/> Delete |
| NAME | <u>JAMES Edlen</u> | |
| STREET ADDRESS | <u>901 Sheldon Ave.</u> | |
| CITY-ST-ZIP | <u>Lehigh Acres, FL 33972</u> | |
| TITLE | <u>Secretary, Director</u> | <input type="checkbox"/> Delete |
| NAME | <u>Barbara Edlen</u> | |
| STREET ADDRESS | <u>901 Sheldon Ave.</u> | |
| CITY-ST-ZIP | <u>Lehigh Acres, FL 33972</u> | |
| TITLE | <u>Treasurer, Director</u> | <input type="checkbox"/> Delete |
| NAME | <u>Linda S. Edwards</u> | |
| STREET ADDRESS | <u>207 Highland Ave.</u> | |
| CITY-ST-ZIP | <u>Lehigh Acres, FL 33972</u> | |
| TITLE | <u>Director</u> | <input type="checkbox"/> Delete |
| NAME | <u>Ralph A. Conner</u> | |
| STREET ADDRESS | <u>205 Highland Ave.</u> | |
| CITY-ST-ZIP | <u>Lehigh Acres, FL 33972</u> | |
| TITLE | <u>N/A</u> | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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: Michael D. Edwards Michael D. Edwards 4-24-01 941-369-0484
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/00)