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May 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N12904 (1)
 1. Corporation Name
NEW COVENANT FAITH FELLOWSHIP CHURCH, INC.

Principal Place of Business 10 SOUTH IVEY LANE ORLANDO FL 32811	Mailing Address 2808 MESSINA AVE. ORLANDO FL 32811 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 01/09/1986
4. FEI Number 59-2651373
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent ADAMS, SHERMAN 2808 MESSINA AVE. ORLANDO FL 32811	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	PTMD
STREET ADDRESS	ADAMS, NELLIE GRACE	1.2 NAME	ADAMS, SHERMAN
CITY-ST-ZIP	2808 MESSINA AVE. ORLANDO FL 32811	1.3 STREET ADDRESS	2808 MESSINA AVE. ORLANDO FL 32811
TITLE	NAME	2.1 TITLE	VD
STREET ADDRESS	ADAMS, SHERMAN	2.2 NAME	LILLIAN ADAMS
CITY-ST-ZIP	2808 MESSINA AVE. ORLANDO FL 32811	2.3 STREET ADDRESS	3301 SPAUDING RD. ORLANDO FL 32805
TITLE	NAME	3.1 TITLE	SD
STREET ADDRESS	SOLOMON, LESSIE	3.2 NAME	MICHAEL LEE PORTER
CITY-ST-ZIP	4405 EDMOOR ST. ORLANDO FL 32811	3.3 STREET ADDRESS	3903 PINTIAL COURT ORLANDO FL 32822
TITLE	NAME	4.1 TITLE	D
STREET ADDRESS	PORTER, GLENDA	4.2 NAME	LUTHER LEE HENDERSON
CITY-ST-ZIP	RTE 5, BOX 207D QUINCY FL 32351	4.3 STREET ADDRESS	702 GUILL AVE. APT. 1 ORLANDO FL 32805
TITLE	NAME	5.1 TITLE	D
STREET ADDRESS	HARRISON, MARY	5.2 NAME	NELLIE GRACE ADAMS
CITY-ST-ZIP	9524 BOYCE AVE. TAFT FL 32824	5.3 STREET ADDRESS	2808 MESSINA AVE. ORLANDO FL 32811
TITLE	NAME	6.1 TITLE	
STREET ADDRESS		6.2 NAME	
CITY-ST-ZIP		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

14. 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 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: *Sherman Adams* 11-28-98 (447) 422-7426

CR2E037 (10/97)