

2001. UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90063 013 ****70.00

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DOCUMENT # N93000001383

1. Entity Name

NEW COVENANT FAMILY CHURCH, INC.

Principal Place of Business

4923 DARLINGTON RD
HOLIDAY FL 34690
US

Mailing Address

P.O. BOX 935
TARPON SPRINGS FL 34688-0935
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3178641

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

DR. JOSEPH A. CERRETA
4923 DARLINGTON RD
HOLIDAY FL 34690

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
NAME
STREET ADDRESS
CITY - ST - ZIP
PCD
DR. JOSEPH A. CERRETA
6050 CALIBER COURT
PORT RICHEY FL 34655 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VD
CERETTA, DANA MAUREEN
6050 CALIBER COURT
NEW PORT RICHEY FL 34655 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TD
BASAK, JACQUELINE A
7504 HIGH PINES COURT
PORT RICHEY FL 34668 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TD
Chester Sapino
3417 GARFIELD DRIVE
HOLIDAY, FL 34690 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SD
WINER, MICHAEL
535 HENRY AVENUE EXT.
STRATFORD CT 06497 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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☐ Change ☐ Addition

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☐ Delete

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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
Joseph A. Cerreta

Date

1/29/2001 727-939-9460

Daytime Phone #

CR2E037 (10/00)