

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001383

FILED
May 02, 2004
Secretary of State

Entity Name: NEW COVENANT FAMILY CHURCH, INC.

Current Principal Place of Business:

4923 DARLINGTON RD
HOLIDAY, FL 34690 US

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 935
TARPON SPRINGS, FL 346880935 US

New Mailing Address:

FEI Number: 59-3178641

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PCD () Delete
Name: DR. JOSEPH A. CERRET, A
Address: 6050 CALIBER COURT
City-St-Zip: PORT RICHEY, FL 34655

Title: VD () Delete
Name: CERETTA, DANA MAUREEN
Address: 6050 CALIBER COURT
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: TD () Delete
Name: CESTONE, TONY
Address: 9 SOMERSTOWN RD
City-St-Zip: OSSINING, NY 10562

Title: SD () Delete
Name: WINER, MICHAEL
Address: 535 HENRY AVENUE EXT.
City-St-Zip: STRATFORD, CT 06497

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCD (X) Change () Addition
Name: CERRETA, JOSEPH A PH.D
Address: 6050 CALIBER COURT
City-St-Zip: PORT RICHEY, FL 34655

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DR JOSEPH A CERRETA

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05/02/2004

Electronic Signature of Signing Officer or Director

Date