

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000002748 (1)

1. Corporation Name

THE NEW COVENANT TEMPLE, CORP.

Principal Place of Business

Mailing Address

P.O. BOX 48255
SARASOTA FL 34230

P.O. BOX 48255
SARASOTA FL 34230

3. Date Incorporated or Qualified

06/02/1994

4. FEI Number

65-0500658

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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

10. Name and Address of New Registered Agent

HAMMELL, MARGARET
1777 18TH ST
SUITE 205
SARASOTA FL 34230

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE

0

NAME

MARGARET HAMMELL

☐ DELETE

STREET ADDRESS

1777 18TH STREET #205

CITY-ST-ZIP

SARASOTA FL 34234

TITLE

ST

NAME

DEBORAH HATCHER

☐ DELETE

STREET ADDRESS

RT 1 BOX 68

CITY-ST-ZIP

TALLAHASSEE FL 32312

TITLE

DA

NAME

HATCHER, SONNY

☐ DELETE

STREET ADDRESS

RT 1 BOX 68

CITY-ST-ZIP

TALLAHASSEE FL

TITLE

T

NAME

HATCHER, DEBORAH

☐ DELETE

STREET ADDRESS

RT 1 BOX 68

CITY-ST-ZIP

TALLAHASSEE FL

TITLE

T

NAME

HERRIN, NOLIE

☒ DELETE

STREET ADDRESS

225 NANCY LANE 217

CITY-ST-ZIP

CUMMING GA

TITLE

NAME

☐ DELETE

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☒ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change

☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

KAREN YVONNE CALIFANO--TRUSTEE
1040 University Pkwy. Ste. 319
SARASOTA, FLA. 34234

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:

Margaret Hammell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/1/98
Date

941-954-3680
Daytime Phone #

0010477

CR2E037 (5/98)