

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2000 8:00 am**  
**Secretary of State**

05-05-2000 90050 040 \*\*\*\*61.25

**80084470**

**DOCUMENT #** N94000002748

**1. Entity Name**  
 THE NEW COVENANT TEMPLE, CORP.

**Principal Place of Business** P.O. BOX 21203  
 TALLAHASSEE, FL. 32316  
**Mailing Address** P.O. BOX 21203  
 TALLAHASSEE, FL. 32316

**2. Principal Place of Business**  
 Suite, Apt. #, etc.

**3. Mailing Address**  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State** **City & State** **4. FEI Number** 65-0500658 **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**

MARGARET HAMMELL  
 P.O. BOX 21203  
 TALLAHASSEE, FL. 32316  
 (301 E. CAROLINA ST.)

**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** REV. MARGARET HAMMELL  
 Signature, typed or printed name of registered agent and title if applicable.

*Rev. Margaret Hammell*  
 (NOTE: Registered Agent Signature required when reinstating)

4-28-00  
 DATE

**FILE NOW:**  
**FEES IS \$61.25**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**Make Check Payable to**  
**Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

|  |  |                                 |  |  |   |
|--|--|---------------------------------|--|--|---|
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | D. MARGARET HAMMELL<br>P.O. BOX 21203<br>TALLAHASSEE, FL. 32316            | <input type="checkbox"/> Delete | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | ST DEBORAH HATCHER<br>RT. 1, BOX 68<br>TALLAHASSEE, FL. 32312              | <input type="checkbox"/> Delete | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | T DEBORAH HATCHER<br>RT. 1, BOX 68<br>TALLAHASSEE, FL. 32316               | <input type="checkbox"/> Delete | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | T KAREN YVONNE CALIFANO<br>2636 W. MISSION RD.<br>TALLAHASSEE, FL. 32304   | <input type="checkbox"/> Delete | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | T MICHAEL JOSEPH CALIFANO<br>2636 W. MISSION RD.<br>TALLAHASSEE, FL. 32304 | <input type="checkbox"/> Delete | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> |  | <input type="checkbox"/> Delete | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> |  | <input type="checkbox"/> Change <input type="checkbox"/> 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:** Margaret Hammell

4-28-00

893-2530 Temp.  
 after 6/1/00  
 224-2021

CR2E037 (9/99)

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N94000002748

Corporation Name

THE NEW COVENANT TEMPLE, CORP.

Principal Place of Business

P.O. BOX 49255  
SARASOTA FL 34230

Mailing Address

P.O. BOX 49255  
SARASOTA FL 34230

Attachment  
00084710



|   |  |                         |  |  |  |
|---|--|-------------------------|--|--|--|
| 1. Principal Place of Business                                      |  | 2a. Mailing Address     |  | 3. Date Incorporated or Qualified<br>06/02/1994  |  |
| 2b. Suite, Apt. #, etc.   |  | 2c. Suite, Apt. #, etc. |  | 4. FEI Number<br>65-0500658  |  |
| 5. City & State   |  | 6. City & State         |  | 7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required                     |  |
| 8. Zip Country  |  | 9. Zip Country          |  | 10. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |  |
| 9. Name and Address of Current Registered Agent                     |  |                         |  | 10. Name and Address of New Registered Agent   |  |
| HAMMELL, MARGARET<br>1777 18TH ST<br>SUITE 205<br>SARASOTA FL 34230 |  |                         |  | 81. Name<br>82. Street Address (P.O. Box Number is Not Acceptable)<br>83.<br>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   |                               | DATE   |  |
|---|-------------------------------|--|--|
| Signature, typed or printed name of registered agent and title if applicable. |                               | (NOTE: Registered Agent signature required when reinstating)             |  |
| 12. OFFICERS AND DIRECTORS  |                               |  |  |
| TITLE   | D                             | 1.1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12                   |  |
| NAME  | MARGARET HAMMELL              | 1.1.1. <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| STREET ADDRESS  | 1777 18TH STREET #205         | 1.2. NAME  |  |
| CITY-ST-ZIP   | SARASOTA FL 34234             | 1.3. STREET ADDRESS  |  |
| TITLE   | ST                            | 1.4. CITY-ST-ZIP   |  |
| NAME  | DEBORAH HATCHER               | 2.1. TITLE   |  |
| STREET ADDRESS  | RT 1 BOX 68                   | 2.2. NAME  |  |
| CITY-ST-ZIP   | TALLAHASSEE FL 32312          | 2.3. STREET ADDRESS  |  |
| TITLE   | T                             | 2.4. CITY-ST-ZIP   |  |
| NAME  | HATCHER, SONNY                | 3.1. TITLE   |  |
| STREET ADDRESS  | RT 1 BOX 68                   | 3.2. NAME  |  |
| CITY-ST-ZIP   | TALLAHASSEE FL                | 3.3. STREET ADDRESS  |  |
| TITLE   | T                             | 3.4. CITY-ST-ZIP   |  |
| NAME  | HATCHER, DEBORAH              | 4.1. TITLE   |  |
| STREET ADDRESS  | RT 1 BOX 68                   | 4.2. NAME  |  |
| CITY-ST-ZIP   | TALLAHASSEE FL                | 4.3. STREET ADDRESS  |  |
| TITLE   | T                             | 4.4. CITY-ST-ZIP   |  |
| NAME  | CALIFANO, KAREN YVONNE        | 5.1. TITLE   |  |
| STREET ADDRESS  | 1040 UNIVERSITY PKWY, STE 319 | 5.2. NAME  |  |
| CITY-ST-ZIP   | SARASOTA FL 34234             | 5.3. STREET ADDRESS  |  |
| TITLE   |                               | 5.4. CITY-ST-ZIP   |  |
| 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, with all other like empowered.

CR 1037 (11/98)

0067288

Signature of Registered Agent

7-11-99

941-454-3680