

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 13, 2001 8:00 am**  
**Secretary of State**

02-13-2001 90618 036 \*\*\*\*61.25

DOCUMENT # N94000002748 (1)

1. Entity Name

THE NEW COVENANT TEMPLE, CORP.



Principal Place of Business

Mailing Address

P. O. BOX 14594  
TALLAHASSEE, FL. 32317

P. O. BOX 14594  
TALLAHASSEE, FL. 32317

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

65-0500658

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**C0021215**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARGARET HAMMELL  
301 EAST CAROLINA ST. #802  
TALLAHASSEE, FL. 32301

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 (D) MARGARET HAMMELL ☐ Delete  
STREET ADDRESS 301 EAST CAROLINA ST. #802  
CITY-ST-ZIP TALLAHASSEE, FL. 32301

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

TITLE ☐ Delete  
NAME (ST) DEBORAH HATCHER  
STREET ADDRESS RT. 1, BOX 68  
CITY-ST-ZIP TALLAHASSEE, FL. 32312

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

TITLE ☐ Delete  
NAME (T) KAREN Y. CALIFANO  
STREET ADDRESS 3909 RESERVE DR. #223  
CITY-ST-ZIP TALLAHASSEE, FL. 32311

TITLE ☒ Change ☐ Addition  
NAME PLEASE CHANGE OLD  
STREET ADDRESS ADDRESS TO THIS ONE  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME (T) MICHAEL CALIFANO  
STREET ADDRESS 3909 RESERVE DR. #223  
CITY-ST-ZIP TALLAHASSEE, FL. 32311

TITLE ☒ Change ☐ Addition  
NAME PLEASE CHANGE OLD  
STREET ADDRESS ADDRESS TO THIS ONE  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME (T) PAUL J. CALIFANO  
STREET ADDRESS 3909 RESERVE DR. #223  
CITY-ST-ZIP TALLAHASSEE, FL. 32311

TITLE ☐ Change ☒ Addition  
NAME PLEASE ADD THIS NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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.

REV. MARGARET HAMMELL

SIGNATURE:

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

2-5-2001

Date

1-850-224-2021

Daytime Phone #

CR2E037 (11/00)