

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N95000003568**

1. Entity Name

**New Ark Covenant Ministries, Inc.**

Principal Place of Business

Mailing Address

**2425 Spoonwood Dr**

2. Principal Place of Business

3. Mailing Address

**P.O. Box 38261**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Tallahassee Fla**

**Tallahassee Fla**

4. FEEL Number

**593372234**

Applied For

Not Applicable

Zip

Country

Zip

Country

**32315**

**USA**

**32301**

**USA**

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

**Gyonne Gibson**  
**2117 Royal Ln**  
**Tallahassee Fla 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 **Minister** ☐ Delete  
NAME **Dr. Annette Benson**  
STREET ADDRESS **1504 Gram Ln**  
CITY-ST-ZIP **Tallahassee Fla**

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

TITLE **Minister** ☐ Delete  
NAME **Dr. Helen D. McCray**  
STREET ADDRESS **1504 Gram Ln**  
CITY-ST-ZIP **Tallahassee Fla 32304**

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

TITLE **Dr. Gyonne Gibson** ☐ Delete  
NAME **Dr. Gyonne Gibson**  
STREET ADDRESS **2117 Royal Ln**  
CITY-ST-ZIP **Tallahassee Fla 32301**

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

TITLE ☐ Delete  
NAME ☐ Delete  
STREET ADDRESS ☐ Delete  
CITY-ST-ZIP ☐ Delete

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

TITLE ☐ Delete  
NAME ☐ Delete  
STREET ADDRESS ☐ Delete  
CITY-ST-ZIP ☐ Delete

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

TITLE ☐ Delete  
NAME ☐ Delete  
STREET ADDRESS ☐ Delete  
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
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:

**Annette Benson**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**03/29/00 576 251**

CR2E037 (9/99)