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Feb 05 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # N96000000655 (8)

1. Corporation Name

NEW COVENANT CHRISTIAN CHURCH OF THE TREASURE CO  
AST, INC.

Principal Place of Business

Mailing Address

P O BOX 2380  
PALM CITY FL 34901

P O BOX 2380  
PALM CITY FL 34991

3. Date Incorporated or Qualified

02/01/1996

4. FEI Number

65-0674278

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 P.O. Box 765B  
Suite, Apt. #, etc.

26 P.O. Box 765B  
Suite, Apt. #, etc.

22 City & State  
23 Port St. Lucie, FL

27 City & State  
28 Port St. Lucie, FL

24 Zip  
25 34985-765B

29 Zip  
30 34985-765B

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

SCALES, ADAM J  
5500 PALM DR  
FORT PIERCE FL 34982

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME LICASTRI, LARRY  
STREET ADDRESS 1957 SE AVANT CIR  
CITY-ST-ZIP PORT ST LUCIE FL

1.1 TITLE PD  
1.2 NAME LICASTRI, LARRY  
1.3 STREET ADDRESS 527 GREENWAY TEAR. S.E.  
1.4 CITY-ST-ZIP PORT ST. LUCIE, FL 34983

TITLE VD  
NAME SCALES, ADAM J  
STREET ADDRESS 5500 PALM DR  
CITY-ST-ZIP FT PIERCE FL

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE STD  
NAME GIBSON, ROBERT J  
STREET ADDRESS 881 SE W VIRGINIA DR  
CITY-ST-ZIP PORT ST LUCIE FL

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE D  
4.2 NAME MARTIN DRUMMOND  
4.3 STREET ADDRESS 796 SE DAMASK AVE.  
4.4 CITY-ST-ZIP PORT ST. LUCIE, FL 34983

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
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.

SIGNATURE:

*[Signature]*

Robert J. Gibson

1/1/98

(561) 840-4982

CR2E037 (10/97)