

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 04, 1999 8:00 am
Secretary of State

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1. Corporation Name

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

Principal Place of Business

P O BOX 7658
PORT ST LUCIE FL 34985-658
US

Mailing Address

P O BOX 7658
PORT ST LUCIE FL 34985-658
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

02/01/1996

4. FEI Number

65-0674278

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

**SCALES, ADAM J
5500 PALM DR
FORT PIERCE FL 34982**

10. Name and Address of New Registered Agent

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 ☐ DELETE

NAME **PD**
LICASTRI, LARRY
STREET ADDRESS **527 GREENWAY TERRACE SE**
CITY-ST-ZIP **PORT ST LUCIE FL 34983**

TITLE ☐ DELETE

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

TITLE ☒ DELETE

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

TITLE ☒ DELETE

NAME **D**
DRUMMOND, MARTIN
STREET ADDRESS **796 SE DAMASK AVE**
CITY-ST-ZIP **PORT ST LUCIE FL 34983**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☒ Addition

1.2 NAME **TD**
Norman Cochran
1.3 STREET ADDRESS **531 Evergreen Terrace SE**
1.4 CITY-ST-ZIP **Port St. Lucie, FL 34983**

2.1 TITLE ☒ Change ☒ Addition

2.2 NAME **SD**
Barry Zimmerman
2.3 STREET ADDRESS **567 NW Azine Avenue**
2.4 CITY-ST-ZIP **Port St. Lucie, FL 34983**

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

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.

SIGNATURE:

LARRY LICASTRI
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)