

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91643 035 \*\*\*\*61.25

**DOCUMENT # N96000004191**

1. Entity Name

**NEW COVENANT CHRISTIAN ACADEMY, INC.**

Principal Place of Business

Mailing Address

**3700 LAKE UNDERHILL RD  
 ORLANDO FL 32806**

**3708 GATLIN RIDGE DRIVE  
 ORLANDO FL 32812**

2. Principal Place of Business

3. Mailing Address

**P.O. BOX 560668**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**ORLANDO, FLA.**

4. FEI Number

**59-3396760**

Applied For

Not Applicable

Zip

Country

Zip

Country

**32856-0668**

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

**GARRETT, BARBARA B  
 3708 GATLIN RIDGE DRIVE  
 ORLANDO FL 32812**

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

*Barbara B. Garrett, president*

*8 May 2002*

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 ☐ Delete  
 NAME **PD GARRETT, BARBARA B**  
 STREET ADDRESS **3708 GATLIN RIDGE DRIVE**  
 CITY-ST-ZIP **ORLANDO FL 32812**

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

TITLE ☐ Delete  
 NAME **DT LASSITER, DENA J**  
 STREET ADDRESS **1435 WAKULLA WAY**  
 CITY-ST-ZIP **ORLANDO FL 32839**

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

TITLE ☐ Delete  
 NAME **DS FADLER, LYNDIA**  
 STREET ADDRESS **481 CROFTON PARK LANE**  
 CITY-ST-ZIP **FRANKLIN TN 37069**

TITLE ☒ Change ☐ Addition  
 NAME **DS FADLER, LYNDIA**  
 STREET ADDRESS **301 ROTHWELL PLACE**  
 CITY-ST-ZIP **FRANKLIN, TENN 37069**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
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 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)(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:

*Barbara B. Garrett, president*

*8 May 2002*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)