

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N97000004693**

1. Entity Name

NEW COVENANT INTERNATIONAL THEOLOGICAL SEMINARY,**FILED****Jan 30, 2001 8:00 am**
Secretary of State

01-30-2001 90223 021 ****61.25

Principal Place of Business

**4117 ALPINA COURT, NORTH
LAKE WORTH FL 33436**

Mailing Address

**4117 ALPINA COURT, NORTH
LAKE WORTH FL 33436**

2. Principal Place of Business

7255 SOUTH MILITARY TRAIL

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAKE WORTH

City & State

4. FEI Number

65-0473019

Applied For

Not Applicable

Zip

FL33463

Country

USA

Zip

Country

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DYSON, KEVIN DR
66 PAXFORD LANE
BOYNTON BEACH FL 33426**

7. Name and Address of New Registered Agent

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	DYSON, KEVIN	66 PAXFORD LANE	BOYNTON BEACH FL 33462	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	DYSON, PAMELA JOY	66 PAXFORD LANE	BOYNTON BEACH FL 33462	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	BRIGGS, DAVID WAYNE	1835 CARANDIS ROAD	WEST PALM BEACH FL 33406	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	PETERS, TOMMY C	4117 ALPINA COURT, NORTH	LAKE WORTH FL 33436	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	ING, RICHARD B	1484 ALA HEKILI PL	HONOLULU HI	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
	BUTTERWORTH, IAN P	24 SOMERET RD	MR. ROSKILL AUCKLAND NZ	<input checked="" type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
DIRECTOR	BUTTERWORTH, IAN P.	3 ANDOVER LANE FARM	ENGLAND	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		FABERSTOWN, ANDOVER, HANTS. SP11-9QE			

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:

DR. KEVIN DYSON (PRESIDENT)**23 JAN, 2001. (561) 64-6870.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)