2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 12, 2000 8:00 am Secretary of State DOCUMENT # N98000001169 NEW COVENANT COMMUNITY CHURCH OF LAKE COUNTY, IN 01-12-2000 90097 008 ****61.25 Principal Place of Business Mailing Address P.O. BOX 1556 15034 OLD HWY. 441 TAVARES FL 32778 TAVARES FL 32778-1556 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite Ant # etc. 4. FEI Number Applied For City & State City & State 59-3332420 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) **BICKART, BRENT** 2712 KUSLLWOOD TRAIL **EUSTIS FL 32726** Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make Check Pavable to FILE NOW: 9. Election Campaign Financing **\$5.00** May Be Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Addition ☐ Change PD TITLE ☐ Delete TITLE George "Buddy" Wright NAME NAME NEWTON, GUS P.O. BOX 440 STREET ADDRESS STREET ADDRESS 15034 OLD HWY, 441 CITY-ST-7IP ALTOONA, FI 34765 CITY-ST-ZIF TAVARES FL 32778 ☐ Change Addition TITLE STD ☐ Delete TITLE KENT Spraque NAME **BOOKER, RON** 2120 DURHAM CT STREET ADDRESS STREET ADDRESS 15034 OLD HWY 441 CITY-ST-ZIP CITY-ST-ZIP <u>TAVARES FL 32778</u> ☐ Delete TITLE ☐ Change Addition TITI F NAME MAXWELL, RICHARD ---NAME STREET ADDRESS STREET ADDRESS 15034 OLD HWY. 441 CITY-ST-ZIP CITY-ST-ZIP <u>Tavares FL 32778</u> **X** Delete ☐ Change Addition TITLE NAME BOOKER, RON STREET ADDRESS STREET ADDRESS 15034 OLD HWY. 441 CITY-ST-ZIP CITY-ST-ZIP TAVARES FL 32778 ☐ Change Addition ☐ Delete TITLE TITLE **BICKHART, BRENT W** NAME NAME STREET ADDRESS STREET ADDRESS 15034 OLD HWY. 441 CITY-ST-ZIP CITY-ST-ZIP TAVARES FL 32778 ☐ Change ☐ Addition TITLE ☐ _Delete Sprague NAME NAME

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

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

1-4-00