

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000001169

1. Entity Name

NEW COVENANT COMMUNITY CHURCH OF LAKE COUNTY, IN

Principal Place of Business

15034 OLD HWY. 441
TAVARES FL 32778

Mailing Address

P.O. BOX 1556
TAVARES FL 32778

2. Principal Place of Business

1650 Lane Park Cutoff Rd.

3. Mailing Address

1650 Lane Park Cutoff Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAVARES, FL

City & State

TAVARES, FL

4. FEI Number

59-3332420

Applied For

Not Applicable

Zip

32778

Country

FLA

Zip

32778

Country

USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BICKART, BRENT
2712 KUSLLWOOD TRAIL
EUSTIS FL 32726

7. Name and Address of New Registered Agent

Name

Bickhart, Brent

Street Address (P.O. Box Number is Not Acceptable)

1650 Lane Park Cutoff Road

City

TAVARES

FL

Zip Code

32778

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

Rw. Brent Bickhart

4/2/01

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 PD ☐ Delete
NAME NEWTON, GUS
STREET ADDRESS 15034 OLD HWY. 441
CITY-ST-ZIP TAVARES FL 32778

TITLE STD ☐ Delete
NAME BOOKER, RON
STREET ADDRESS 15034 OLD HWY 441
CITY-ST-ZIP TAVARES FL 32778

TITLE D ☐ Delete
NAME MAXWELL, RICHARD
STREET ADDRESS 15034 OLD HWY. 441
CITY-ST-ZIP TAVARES FL 32778

TITLE D ☒ Delete
NAME WRIGHT, GEORGE "BUDDY"
STREET ADDRESS P.O. BOX 440
CITY-ST-ZIP ALTOONA FL 34705

TITLE D ☐ Delete
NAME BICKHART, BRENT W
STREET ADDRESS 15034 OLD HWY. 441
CITY-ST-ZIP TAVARES FL 32778

TITLE D ☐ Delete
NAME SPRAGUE, KENT
STREET ADDRESS 2120 DURHAM COURT
CITY-ST-ZIP MOUNT DORA FL 32757

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE D ☒ Change ☐ Addition
NAME ~~NOAH~~ KOZINKO, NOAH
STREET ADDRESS 113 E. DELAWARE ST.
CITY-ST-ZIP TAVARES, FL 32778

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1650 Lane Park Cutoff Rd.
CITY-ST-ZIP TAVARES, FL 32778

TITLE P ☒ 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:

Rw. Brent Bickhart

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/01

Date

(352) 742-5034

Daytime Phone #

CR2E037 (10/00)