


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2005 08:00 AM
Secretary of State

DOCUMENT # N98000001169 1. Entity Name NEW COVENANT COMMUNITY CHURCH OF LAKE COUNTY, INC.	
---	---

Principal Place of Business 1650 LANE PARK CUTOFF ROAD TAVARES, FL 32778	Mailing Address 1650 LANE PARK CUTOFF ROAD TAVARES, FL 32778
--	--



01202005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3332420	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BICKHART, BRENT
1650 LANE LARK CUTOFF ROAD
TAVARES, FL 32778

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BICKHART, BRENT W 1650 LANE PARK CUTOFF TAVARES, FL 32778
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOOKER, RON 26124 TURKEY LAKE RD HARVEY IN THE HILLS, FL 34735
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CONNER, RICHARD A 1650 LANE PARK CUTOFF TAVARES, FL 32778
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOOKER, RON 26124 TURKEY LAKE RD HOWEY IN THE HILLS, FL 34735
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPRAGUE, KENT 2120 DURHAM COURT MOUNT DORA, FL 32757
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000201523
01/28/05-80068-024 61.25

**DO NOT WRITE
IN THIS SPACE**

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-05 (352) 742-5034
Date Daytime Phone #