

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001169

FILED  
Apr 13, 2007  
Secretary of State

**Entity Name:** NEW COVENANT COMMUNITY CHURCH OF LAKE COUNTY, INC.

**Current Principal Place of Business:**

1650 LANE PARK CUTOFF ROAD  
TAVARES, FL 32778

**New Principal Place of Business:**

**Current Mailing Address:**

1650 LANE PARK CUTOFF ROAD  
TAVARES, FL 32778

**New Mailing Address:**

**FEI Number:** 59-3332420

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: BICKHART, BRENT W  
Address: 1650 LANE PARK CUTOFF  
City-St-Zip: TAVARES, FL 32778

Title: VP ( ) Delete  
Name: JELLISON, RAMON  
Address: 1650 LANE PARK CUTOFF  
City-St-Zip: TAVARES, FL 32778

Title: PD ( ) Delete  
Name: ROBBINS, MOSES  
Address: 1650 LANE PARK CUTOFF  
City-St-Zip: TAVARES, FL 32778

Title: D ( ) Delete  
Name: BOOKER, RON  
Address: 1650 LANE PARK CUTOFF  
City-St-Zip: TAVARES, FL 32778

Title: D ( ) Delete  
Name: SPRAGUE, KENT  
Address: 1650 LANE PARK CUTOFF  
City-St-Zip: TAVARES, FL 32778

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: BICKHART, BRENT  
Address: 1650 LANE PARK CUTOFF  
City-St-Zip: TAVARES, FL 32778

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: PD (X) Change ( ) Addition  
Name: CALLANAN, KEVIN  
Address: 1650 LANE PARK CUTOFF  
City-St-Zip: TAVARES, FL 32778

Title: D (X) Change ( ) Addition  
Name: FISH, LAWRENCE  
Address: 1650 LANE PARK CUTOFF  
City-St-Zip: TAVARES, FL 32778

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRENT W. BICKHART

P

04/13/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date