

**FILED**  
**Jul 23, 1999 8:00 am**  
**Secretary of State**

07-23-1999 90007 018 \*\*\*\*66.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N98000003911**  
 1. Corporation Name  
**NEW COVENANT CHURCH OF CENTRAL FLORIDA, INC.**

6 8 605232-90003-29 2 \*



Principal Place of Business 13651 GLASSER AVE. ORLANDO FL 32826	Mailing Address 13651 GLASSER AVE. ORLANDO FL 32826
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21. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 07/02/1998
22. Suite, Apt. #, etc.	2b. Suite, Apt. #, etc.	4. FEI Number 59-3529003
23. City & State	27. City & State	Applied For <input checked="" type="checkbox"/> Not Applicable
24. Zip	28. Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
25. Country	29. Country	30. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent  GRAHAM, ANTERRO A 12929 LOWER RIVER BLVD. ORLANDO FL 32828	10. Name and Address of New Registered Agent 81 Name <b>CHARLES H. BAXTER</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>13651 GLASSER AVE.</b> 83 84 City <b>ORLANDO</b> FL 85 Zip Code <b>32826</b>
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  
 SIGNATURE: Charles H. Baxter **CHARLES H. BAXTER** DATE: **7/1/99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P D</b> <b>BAXTER, CHARLES H</b> <b>13651 GLASSER AVE.</b> <b>ORLANDO FL 32826</b>	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>GRAHAM, ANTERRO A</b> <b>12929 LOWER RIVER BLVD.</b> <b>ORLANDO FL 32828</b>	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>V T</b> <b>LLOYD PINNOCK</b> <b>2204 STONE CROSS CIRCLE</b> <b>ORLANDO, FL 32828</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>GRAHAM, SYLVIA L</b> <b>12929 LOWER RIVER BLVD.</b> <b>ORLANDO FL 32828</b>	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>T T</b> <b>SONIA E. NARVAEZ HEGERT CPA</b> <b>2439 BRIKHAM AVE. - ORL. FL 32828</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S D</b> <b>BAXTER, PAULINE V</b> <b>13651 GLASSER AVE.</b> <b>ORLANDO FL 32826</b>	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>T T</b> <b>CHERYL BODDIE</b> <b>2304 DONEGAN PLACE</b> <b>ORLANDO, FL 32826</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Charles H. Baxter **CHARLES H. BAXTER** DATE: **7/1/99** (407) 281-8052  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 7/30/99

CR2E037 (5/99)