

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000003911

1. Entity Name

NEW COVENANT CHURCH OF CENTRAL FLORIDA, INC.

R

Principal Place of Business

13651 GLASSER AVE.
ORLANDO FL 32826

Mailing Address

13651 GLASSER AVE.
ORLANDO FL 32826

2. Principal Place of Business

990 BELVERER RD

3. Mailing Address

P.O. BOX 781164

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO, FLORIDA

City & State

ORLANDO, FLORIDA

Zip

32820

Country

USA

Zip

32878

Country

USA

4. FEI Number

59-3529003

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BAXTER, CHARLES H
13651 GLASSER AVE
ORLANDO FL 32826

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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: CHARLES H. BAXTER - PRESIDENT

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

7/21/00

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution.

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\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE P
NAME BAXTER, CHARLES H
STREET ADDRESS 13651 GLASSER AVE.
CITY-ST-ZIP ORLANDO FL 32826 ☐ Delete

TITLE VT
NAME PINNOCK, LLOYD
STREET ADDRESS 2204 STONE CROSS CIR
CITY-ST-ZIP ORLANDO FL 32828 ☐ Delete

TITLE TT
NAME NARVAEZ-HEGERT, SONIA E
STREET ADDRESS 24398 BRIKHAM AVE
CITY-ST-ZIP ORLANDO FL 32828 ☐ Delete

TITLE TRT
NAME BODDIE, CHERYL
STREET ADDRESS 2304 DUNEGAN PL
CITY-ST-ZIP ORLANDO FL 32826 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

CHARLES H. BAXTER 7/21/00 (407) 568-1267

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)



DO NOT WRITE IN THIS SPACE

FILED
Aug 11, 2000 8:00 am
Secretary of State

08-11-2000 90003 004 ****61.25