

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 17, 2002 8:00 am**  
**Secretary of State**

09-17-2002 90098 026 \*\*\*\*75.00

**DOCUMENT # N98000003911**

1. Entity Name

**NEW COVENANT CHURCH OF CENTRAL FLORIDA, INC.**

Principal Place of Business

Mailing Address

990 BELVERERE RD  
 ORLANDO FL 32820

P.O. BOX 781164  
 ORLANDO FL 32878

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3529003**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BAXTER, CHARLES H**  
**13651 GLASSER AVE**  
**ORLANDO FL 32826**

Name **BAXTER, CHARLES H.**

Street Address (P.O. Box Number is Not Acceptable)  
**990 Belvedere Road**

City **Orlando**

FL

Zip Code **32820**

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

*Charles H. Baxter*

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

(NOTE: Registered Agent signature required when reinstating)

**Sept 1, 2002**

DATE

**After September 13, 2002,**  
**min. will be \$236.25.**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE **T**  Change  Addition  
 NAME **Reilly, Kellyn**  
 STREET ADDRESS **2836 Sheriff Way**  
 CITY-ST-ZIP **Winter Park, FL 32792**

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

TITLE **D**  Change  Addition  
 NAME **HARRIS, BRUNETTE D.**  
 STREET ADDRESS **1126 Buttercup Lane**  
 CITY-ST-ZIP **Orlando, FL 32825**

TITLE **D**  Delete  
 NAME **NELSON, DAPHNE**  
 STREET ADDRESS **497 LAKE PARK TRAIL**  
 CITY-ST-ZIP **OVIEDO FL 32765**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **ORTIZ, NELIDA**  
 STREET ADDRESS **1029 LEJAY ST.**  
 CITY-ST-ZIP **ORLANDO FL 32826**

TITLE **D.**  Change  Addition  
 NAME **HARRIS, JONATHAN**  
 STREET ADDRESS **1126 Buttercup Lane**  
 CITY-ST-ZIP **Orlando, FL 32825**

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*

**Sept 1, 2002**

**(407)**

**568-8336**

CR2E037 (4/02)