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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000003920

1. Corporation Name
NEW COVENANT COMMUNITY CHURCH INC.

Principal Place of Business	Mailing Address
5646 ENCHANTED DRIVE JACKSONVILLE FL 32244	5646 ENCHANTED DRIVE JACKSONVILLE FL 32244

2. Principal Place of Business (21) — Suite, Apt. #, etc. (22) — City & State (23) — Zip (24) — Country (25)

2a. Mailing Address (26) — Suite, Apt. #, etc. (27) — City & State (28) — Zip (29) — Country (30)

3. Date Incorporated or Qualified: 07/06/1998

4. FEI Number: ☐ Applied For ☑ Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

ONEAL, LARRY D
5646 ENCHANTED DRIVE
JACKSONVILLE FL 32244

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D. NAME P. STREET ADDRESS ONEAL, LARRY D CITY-ST-ZIP 5646 ENCHANTED DRIVE JACKSONVILLE FL 32244	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D. NAME VP STREET ADDRESS ONEAL, VERNIA D CITY-ST-ZIP 5646 ENCHANTED DRIVE JACKSONVILLE FL 32244	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D. NAME S STREET ADDRESS BATTLE, ANNIE H CITY-ST-ZIP 6344 DICKENS DR. JACKSONVILLE FL 32244	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE T NAME Robert L. Lewis STREET ADDRESS 2424 N. Canal Street CITY-ST-ZIP Jacksonville, FL. 32209	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE T NAME Eugene PLATT STREET ADDRESS 12815 Yellow Pine Dr. CITY-ST-ZIP Jacksonville, Fl. 32277	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE T NAME Eddie Dickerson STREET ADDRESS 3976 Raintree Rd. CITY-ST-ZIP Jacksonville Fl. 32277	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (11/98)

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: Larry D. Oneal **SIGNATURE REQUIRED** 4-28-99 904-7787190
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #