| | PLEASE | READ ALL INS | TRUCTIONS | BEFORE | OMPLET | ING THIS FORM | 1. | |
|--|--|---|---|---|-------------------------------------|---|---|--|
| AP | PLICATION | | DA DEPARTME Katherine H | NT OF STATE | | FILED | | |
| DEIN | | | Secretary of | State | | 99 OCT 15 P | M 2:53 | |
| | A 14 | 980000061 | | RATIONS | - | TALLAHASSEE. | | |
| | UMENT # NS | | | | | IALLAHASSEE, | PLONDA | |
| NEW | COVENANT CHU | RCH OF AMEF | RICA, INC. | : | | | | |
| Principal Place of Business Malling Address | | | | | | (6 1 6 16) (6 8))) | | |
| WEST-SECOND STREET. P.O. BOX 26 WORTHINGTON SPRINGS FL 32697 WORTHINGTO | | | 267 Iton Springs FL 326 | /)N Springs FL 32697 | | | | |
| If above | addresses are incorrect in any | way, line through incorrect | information and enter | correction below. | 8/17/9 | a $aaxaa c$ | RA \$61.24 | |
| | rincipal Office Address, If Applic | able 3. New Ma | lling Office Address, II | g Office Address, If Applicable | | Date Incorporated or Qualified To Do Bueiness in Floride 10/28/1998 | | |
| Suite, Apt | 1 west 4 S R - 121 | Suite, Apt. | · | | 5. FEI Numbe | r | Applied For | |
| | hington Springs | FI City & State | Count | N | <u> </u> | <u>543826</u> | Not Applicable 75 Additional Fee require | |
| 200 300 | and Street Addresses of Each | | | | <u> </u> | E OF STATUS DESIRED | for a Certificate of Status | |
| Trtle(s) | Name of and/or D | Officers | St | reet Address of Eac ficer and/or Directo | h | City / 1 | State / Zip | |
| 1 -D-P/ PINKSTON, RONALD ANTHONY | | | 3 POST OPPICE BOX 112 N/A | | | WORTHINGTON SPHINGS FL 32897 | | |
| | PINKSTON, LORA FILLY | | POST OFFICE | | | | ····· | |
| -1 | | *** | | | | WORTHINGTON SPRI | | |
| D TUCKER, THERESA MAE | | | 14220 MOUNT CROSS ROAD | | | DRY FORK VA 24549 | | |
| - D | | | ROUTE 1, BOX 574 | | | LAWTEY FL 32058 | | |
| D | TUCKER, LILLIAN HALL | 14336 MOUNT CROSS ROAD | | | DRY FORK VA 24549 | | | |
| D TUCKER, MARK DAVID SR 2 | | | 265 PINE VIEW | ROAD #8 | | DANVILLE VA 24541 | | |
| | 8. Name and Address | of Current Registered A | gent | Mame | 9. Name and / | Address of New Registered | l Agent | |
| | STON, RONALD ANTHONY | | | Linkstor |). Manala | Anthony is Not Acceptable) | | |
| WEST SECOND STREET WORTHINGTON SPRINGS FL 32697 Sulte, ApJ. W, Etc. | | | | | | | | |
| | | | _ | Worthin | aton So | ວ່ວອຣ F | 33697 | |
| 10. I, beir Signature | of | nt of the above named cor | poration, am familiar v | Ath and accept the c | bilgations of Sect | lon 607.9505, F.S. | 1900 | |
| Registered | d Agent DOLOIS A | REGISTERED A | GENT MUST SIGN | | | Date CCI. 12 | , 1 7 7 7 | |
| this re owed | y that I am an officer or director Instatement application, the rea by the corporation have been p application is true and accurate | son for dissolution has bee ald and the names of Indiv | on eliminated, the corp iduals listed on this fo | orate name satisfies rm do not qualify for | the requirements an exemption un | of section 607.0401 or 617. | 0401, F.S., that all fees | |
| | _ | · · ···· | | | | Ċ | ion Ke | |
| SIGNA | TURE: BONON | A. Pintal | a our | | 001.1 | 2,1999 40 | 6-3199 | |
| | SIGNATURE AND T | PED OR PRINTED NAME OF | SIGNING OFFICER OR | DIRECTOR | | V Date | Daylime Phone # | |
| | | | | | | | | |