

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****May 29, 2001 08:00 AM****Secretary of State****DOCUMENT # N98000006161**1. Entity Name  
NEW COVENANT MINISTRIES INTERNATIONAL, INC.Principal Place of Business  
C.R. 18 WEST & S.R. 121  
WORTHINGTON SPRINGS FL 32697  
Mailing Address  
P.O. BOX 267  
WORTHINGTON SPRINGS FL 32697

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City &amp; State City &amp; State

Zip Country Zip Country

4. FEI Number  
**59-3543826**Applied For  
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**PINKSTON RONALD ANTHONY  
SEAY LANEWORTHINGTON SPRINGS FL  
32697 US**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 **RONALD ANTHONY PINKSTON****05/29/2001**

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

**FILE NOW:  
FEE IS \$61.25**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**

TITLE	D	<input type="checkbox"/> Delete
NAME	TUCKER MARK DAVID SR	
STREET ADDRESS	265 PINE VIEW ROAD #8	
CITY-ST-ZIP	DANVILLE VA 24541	
TITLE	D	<input type="checkbox"/> Delete
NAME	TUCKER LILLIAN HALL	
STREET ADDRESS	14336 MOUNT CROSS ROAD	
CITY-ST-ZIP	DRY FORK VA 24549	
TITLE	D	<input type="checkbox"/> Delete
NAME	TUCKER THERESA MAE	
STREET ADDRESS	14220 MOUNT CROSS ROAD	
CITY-ST-ZIP	DRY FORK VA 24549	
TITLE	V/D	<input type="checkbox"/> Delete
NAME	PINKSTON LORA FILLYAW	
STREET ADDRESS	POST OFFICE BOX 112 N/A	
CITY-ST-ZIP	WORTHINGTON SPRINGS FL 32697	
TITLE	P/D	<input type="checkbox"/> Delete
NAME	PINKSTON RONALD ANTHONY	
STREET ADDRESS	POST OFFICE BOX 112 N/A	
CITY-ST-ZIP	WORTHINGTON SPRINGS FL 32697	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Ronald Anthony Pinkston**

P/D

**05/29/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)