2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2000 8:00 am
Secretary of State
05-16-2000 90160 044 ****61.25

DOCUMENT # N99000005950

1. Entity Name

CHURCH OF THE NEW COVENANT INC.

Principal Place of Business	Mailing Address
3191 NEWMAN AVE NORTH CRESTVIEW FL 32529	3191 NEWMAN AVE NORTH CRESTVIEW FL 32529

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3191 NEWMAN AVE., NORTH,	3191 NEWMAN AVE. NORTH
Suite, Apt. #, etc:	Suite, Apt. #, etc.
City & State: CRESTVIEW, FLORIDA 32539	City & State: CRESTVIEW, FLORIDA 32539
Zip / Country	Zip / Country

4. FEI Number 59-3608455 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WHISNAND, CHARLES R SR
2392 WHISNAND CIRCLE
CRESTVIEW FL 32536

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

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT JULIAN C. JENKINS 139 JENKINS HILL RD., RED BAY, AL. 35582	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CORRECT SPELLING OF TREASURER'S NAME WAIVA JEAN RADMER ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY LOUINA LONGABERGER ONE BIDGEPORT DR., COVINGTON, KY. 41017	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER WAIVA JEAN RADMER 199 JENKINS HILL RD, RED BAY, AL. 35582	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PAUL WILLIAMS SGT. OF ARMS 8511 E. 34th PL. INDPLS, IN. 46237	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ASST. TREASURER, REBECCA JENKINS 139 JENKINS HILL RD RED BAY, AL. 35582	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/99)

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: Julian C Jenkins 4-26-00 / 256-356-2692 ✓
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #