

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2003 8:00 am**  
**Secretary of State**

04-24-2003 90232 038 \*\*\*\*70.00

0000103

**DOCUMENT # N00000004743**

1. Entity Name

**NEW COVENANT OF LOVE & RESTORATION MINISTRIES, I  
NC.**



Principal Place of Business

5700 LAKESIDE DRIVE, #519  
MARGATE FL 33063

Mailing Address

5700 LAKESIDE DRIVE, #519  
MARGATE FL 33063

20033763



2. Principal Place of Business

5700 LAKESIDE DR

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

6. Name and Address of Current Registered Agent

6. Name and Address of Current Registered Agent

6. Name and Address of Current Registered Agent

6. Name and Address of Current Registered Agent

6. Name and Address of Current Registered Agent

6. Name and Address of Current Registered Agent

6. Name and Address of Current Registered Agent

6. Name and Address of Current Registered Agent

6. Name and Address of Current Registered Agent

6. Name and Address of Current Registered Agent

6. Name and Address of Current Registered Agent

6. Name and Address of Current Registered Agent

6. Name and Address of Current Registered Agent

6. Name and Address of Current Registered Agent

6. Name and Address of Current Registered Agent

6. Name and Address of Current Registered Agent

6. Name and Address of Current Registered Agent

6. Name and Address of Current Registered Agent

6. Name and Address of Current Registered Agent

6. Name and Address of Current Registered Agent

6. Name and Address of Current Registered Agent

6. Name and Address of Current Registered Agent

6. Name and Address of Current Registered Agent

6. Name and Address of Current Registered Agent

6. Name and Address of Current Registered Agent

6. Name and Address of Current Registered Agent

6. Name and Address of Current Registered Agent

6. Name and Address of Current Registered Agent

6. Name and Address of Current Registered Agent

6. Name and Address of Current Registered Agent

6. Name and Address of Current Registered Agent

6. Name and Address of Current Registered Agent

6. Name and Address of Current Registered Agent

6. Name and Address of Current Registered Agent

6. Name and Address of Current Registered Agent

6. Name and Address of Current Registered Agent

6. Name and Address of Current Registered Agent

6. Name and Address of Current Registered Agent

6. Name and Address of Current Registered Agent

6. Name and Address of Current Registered Agent

6. Name and Address of Current Registered Agent

6. Name and Address of Current Registered Agent

6. Name and Address of Current Registered Agent

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

6. Name and Address of Current Registered Agent

6. Name and Address of Current Registered Agent

6. Name and Address of Current Registered Agent

6. Name and Address of Current Registered Agent

6. Name and Address of Current Registered Agent

6. Name and Address of Current Registered Agent

6. Name and Address of Current Registered Agent

6. Name and Address of Current Registered Agent

6. Name and Address of Current Registered Agent

6. Name and Address of Current Registered Agent

6. Name and Address of Current Registered Agent

6. Name and Address of Current Registered Agent

6. Name and Address of Current Registered Agent

6. Name and Address of Current Registered Agent

6. Name and Address of Current Registered Agent

6. Name and Address of Current Registered Agent

6. Name and Address of Current Registered Agent

6. Name and Address of Current Registered Agent

6. Name and Address of Current Registered Agent

6. Name and Address of Current Registered Agent

6. Name and Address of Current Registered Agent

6. Name and Address of Current Registered Agent

6. Name and Address of Current Registered Agent

6. Name and Address of Current Registered Agent

6. Name and Address of Current Registered Agent

6. Name and Address of Current Registered Agent

6. Name and Address of Current Registered Agent

6. Name and Address of Current Registered Agent

6. Name and Address of Current Registered Agent

6. Name and Address of Current Registered Agent

6. Name and Address of Current Registered Agent

6. Name and Address of Current Registered Agent

6. Name and Address of Current Registered Agent

6. Name and Address of Current Registered Agent

6. Name and Address of Current Registered Agent

6. Name and Address of Current Registered Agent

6. Name and Address of Current Registered Agent

6. Name and Address of Current Registered Agent

6. Name and Address of Current Registered Agent

6. Name and Address of Current Registered Agent

6. Name and Address of Current Registered Agent

6. Name and Address of Current Registered Agent

6. Name and Address of Current Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

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  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME BELIDOR, DALIA REV.  
STREET ADDRESS 5700 LAKESIDE DRIVE, #519  
CITY-ST-ZIP MARGATE FL 33063

TITLE ☐ Delete  
NAME MANOLY, FERNANDO REV.  
STREET ADDRESS 5700 LAKESIDE DRIVE, #519  
CITY-ST-ZIP MARGATE FL 33063

TITLE ☐ Delete  
NAME STERLING, ANDOPHINE  
STREET ADDRESS 5700 LAKESIDE DRIVE, #519  
CITY-ST-ZIP MARGATE FL 33063

TITLE ☐ Delete  
NAME LANDRIN, MARIE G  
STREET ADDRESS 5700 LAKESIDE DRIVE, #519  
CITY-ST-ZIP MARGATE FL 33063

TITLE ☐ Delete  
NAME FRANCOIS, GESSY  
STREET ADDRESS 5700 LAKESIDE DRIVE, #519  
CITY-ST-ZIP MARGATE FL 33063

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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)(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:

D. Belidor, Restor Dalia Belidor

4/22/03

CR2E037 (10/02)