## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## May 04, 2005 8:00 am Secretary of State DOCUMENT # N04000004333 1. Entity Name 05-04-2005 90143 021 \*\*\*\*70.00 CHURCH OF GOD NEW COVENANT, INC Principal Place of Business Mailing Address 5246 NW 7TH AVE MIAMI FL 33169 5246 NW 7TH AVE MIAMI FL 33169 20057389 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) Applied For City & State 4. FEI Number City & State 14-190 7516 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LAMARRE, PIERRE F Street Address (P.O. Box Number is Not Acceptable) 1195 NW 128TH TERR MIAMI FL 33168-6532 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. 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 Make Check Payable to \$5.00 May Be Due By May 1, 2005 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition LAMARRE, PIERRE F NAME NAME 1195 NW 128TH TERR STREET ADDRESS STREET ADDRESS MIAMI FL 33168-6532 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition DAS, FRANCOIS NAME NAME 5 NW 69TH STREET STREET ADDRESS STREET ADDRESS MIAMI FL 33150 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition GENE, ROSELLE 254 NW 50TH STREET STREET ADDRESS STREET ADDRESS MIAMI FL 33127 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition CHERY, OCCILIEN NAME NAME 2321 NW 10TH AVE #308 STREET ADDRESS STREET ADDRESS MIAMI FL 33168 CITY-ST-ZIP CITY-ST-7tP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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: PIERRE F LAMARRE 04-26-05 305-687-5763

SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNANG OFFICER OR DIRECTOR

Date Despire Phone #

**FILED**