


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 12, 2006 8:00 am
Secretary of State

06-12-2006 90003 035 ****70.00

DOCUMENT # N04000004333					
1. Entity Name CHURCH OF GOD NEW COVENANT, INC					
Principal Place of Business 5246 NW 7TH AVE MIAMI, FL 33169		Mailing Address 5246 NW 7TH AVE MIAMI, FL 33169			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05262006 Chg-NP CR2E037 (4/06)	
City & State		City & State		4. FEI Number 14-1907516	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LAMARRE, PIERRE-F 1195 NW 128TH TERR MIAMI, FL 33168-6532			Name N/A		
			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LAMARRE, PIERRE F		NAME		
STREET ADDRESS	1195 NW 128TH TERR		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 331686532		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DAS, FRANCOIS		NAME		
STREET ADDRESS	5 NW 69TH STREET		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33150		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GENE, ROSELLE		NAME		
STREET ADDRESS	254 NW 50TH STREET		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33127		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CHERY, OCCILIEN		NAME		
STREET ADDRESS	2321 NW 10TH AVE #308		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33168		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			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 exemptions contained in Chapter 119, 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: <u>Pierre F Lamarre</u>		06-02-06		786-712-9127	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

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