


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 22, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N04000004333</b> 1. Entity Name <b>CHURCH OF GOD NEW COVENANT, INC</b>	
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Principal Place of Business <b>5246 NW 7TH AVE MIAMI FL 33169</b>	Mailing Address <b>5246 NW 7TH AVE MIAMI FL 33169</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt #, etc.	Suite, Apt #, etc.
City & State	City & State
Zip	Country

2nd MOORE CR2E037 (4/07)

<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
<b>LAMARRE, PIERRE F 1195 NW 128TH TERR MIAMI FL 33168-6532</b>		Name	Applied For
		Street Address (P.O. Box Number is Not Acceptable)	Not Applicable
		City	Zip Code

4. FEI Number <b>14-1907516</b>	Applied For
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

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 \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25 Due By September 5, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b> <b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete LAMARRE, PIERRE F	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1195 NW 128TH TERR	NAME	
STREET ADDRESS	MIAMI FL 33168-6532	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	U00000772577 08/22/07-80005-011 61.25
TITLE	D <input type="checkbox"/> Delete DAS, FRANCOIS	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5 NW 69TH STREET	NAME	
STREET ADDRESS	MIAMI FL 33150	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete GENE, ROSELLE	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	254 NW 50TH STREET	NAME	
STREET ADDRESS	MIAMI FL 33127	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete CHERY, OCCILIEN	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2321 NW 10TH AVE #308	NAME	
STREET ADDRESS	MIAMI FL 33168	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	
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 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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: PIERRE LAMARRE Date: 08-10-07 Day: 786-7  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR