

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004683

FILED
Jan 20, 2005
Secretary of State

Entity Name: NEW ARK COVENANT CHURCH, INC.

Current Principal Place of Business:

2566 W 84TH ST
HIALEAH, FL 33016

New Principal Place of Business:

Current Mailing Address:

2470 NW 111TH ST.
MIAMI, FL 33167

New Mailing Address:

FEI Number: 65-0861477

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALKER, FABIAN
2470 NW 111TH ST.
MIAMI, FL 33167 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: WALKER, FABIAN
Address: 2470 NW 111TH ST
City-St-Zip: MIAMI, FL 33167

Title: VPD () Delete
Name: KNOWLES, WILLIE
Address: 201 SW 65TH WAY
City-St-Zip: PEMBROKE PINES, FL 33023

Title: SD () Delete
Name: WALKER, JENNIFER
Address: 2470 NW 111 ST.
City-St-Zip: MIAMI, FL 33167

Title: TD () Delete
Name: KNOWLES, LISA
Address: 201 SW 65TH WAY
City-St-Zip: PEMBROKE PINES, FL 33023

Title: TD () Delete
Name: MOXEY, VERNON
Address: 6431 MAIN ST., #3-307
City-St-Zip: MIAMI LAKES, FL 33014 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FABIAN WALKER

PD

01/20/2005

Electronic Signature of Signing Officer or Director

Date