

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004683

Entity Name: NEW ARK COVENANT CHURCH, INC.**Current Principal Place of Business:**2566 W 84TH ST
HIALEAH, FL 33016**Current Mailing Address:**164 SW 180TH AVE
PEMBROOK PINES, FL 33029 US**FEI Number:** 65-0861477**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WALKER, FABIAN
164 SW 180TH AVE.
PEMBROOK PINES, FL 33029 US*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**Officer/Director Detail :**

Title	PD
Name	WALKER, FABIAN
Address	2470 NW 111TH ST
City-State-Zip:	MIAMI FL 33167

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

Title	SD
Name	WALKER, JENNIFER
Address	2470 NW 111 ST.
City-State-Zip:	MIAMI FL 33167

Title	TD
Name	JACKSON, KAREN
Address	1420 NW 199TH ST.
City-State-Zip:	MIAMI GARDENS FL 33169

Title	ELDER
Name	HAWKINS, RICARDO
Address	3412 FOXCROFT ROAD 202
City-State-Zip:	MIRAMAR FL 33025

Title	DIRECTOR
Name	PLAZA, JOHN
Address	5255 NW 29TH AVE 909
City-State-Zip:	MIAMI FL 33142

I hereby 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 all other like empowered.

SIGNATURE: FABIAN WALKER**PRESIDENT****01/21/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date