

2020 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F18000004605

Entity Name: NEW LIFE COVENANT INC.**Current Principal Place of Business:**1665 N. MOZART STREET
CHICAGO, IL 60647**Current Mailing Address:**1665 N. MOZART STREET
CHICAGO, IL 60647**FEI Number:** 36-3012685**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GUTIERREZ, ELIAS J
7619 CRESCENT PALM DR
WESLEY CHAPEL, FL 33545 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	D
Name	CHICOL, PABLO
Address	2101 N. 75TH AVE
City-State-Zip:	ELMWOOD PARK IL 60707

Title	D
Name	ALTIERY, ENRIQUE JR
Address	1652 S ST. LOUIS
City-State-Zip:	CHICAGO IL 60623

Title	D
Name	CARABALLO, ELENIA
Address	1251 N. CALIFORNIA AVE
City-State-Zip:	CHICAGO IL 60622

Title	TREASURER
Name	GOMEZ, JOSE
Address	5745 W HENDERSON
City-State-Zip:	CHICAGO IL 60634

Title	DIRECTOR
Name	MARRERO, DAVID
Address	4711 W. ALTGELD ST
City-State-Zip:	CHICAGO IL 60639

Title	PRESIDENT
Name	MUNOZ, EFRAIN
Address	4716 W ALTGLED ST
City-State-Zip:	CHICAGO IL 60639

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: EFRAIN MUNOZ**PRESIDENT****08/21/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date