2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Mailing Address

BRONX NY 10456

3. Mailing Address

City & State

Suite, Apt. #, etc.

1175 BOSTON ROAD

DOCUMENT # F0200005742

Principal Place of Business

2. Principal Place of Business

3242 N. ANDREWS AVE.

OAKLAND PARK FL 33334

Suite, Apt. #, etc.

City & State

8. The above nar

Zip

NEW COVENANT FAITH AND MIRACLE ARENA, INC.

Country

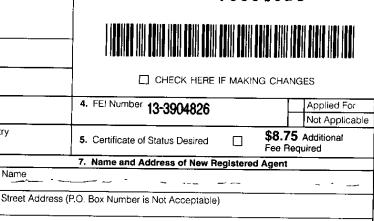
6. Name and Address of Current Registered Agent



FILED Jan 10, 2003 8:00 am Secretary of State

01-10-2003 90106 036 ****61.25

70004614



HILTON, GENROY 3242 N. ANDREWS AVE. OAKLAND PARK FL 33334

	City	FL	Zip Code
The above named entity submits this statement for the purpose of changing its registere the obligations of registered agent.	d office or registered agent, or both, in the State of Florida	. I am fan	niliar with, and accept

Country

Name

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$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 CP ☐ Delete TITLE ☐ Change ☐ Addition NAME ALEXANDER, JOSEPH A NAME STREET ADDRESS 3336 EASTCHESTER ROAD STREET ADDRESS CITY-ST-ZIP **BRONX NY 10469** CITY-ST-7IP TITLE VCVP ☐ Delete TITLE ☐ Change Addition NAME CLEARE, LEVI JR NAME STREET ADDRESS 236 NORTH COLUMBUS AVENUE STREET ADDRESS CITY-ST-ZIP **MOUNT VERNON NY 10550** CITY-ST-ZIP DI_ TITLE Delete TITLE_ ■ Addition EKPENE, PETER STREET ADDRESS 3338 EASTCHESTER ROAD STREET ADDRESS CITY-ST-ZIP **BRONX NY 10469** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition ALEXANDER, MARDETTE I NAME STREET ADDRESS 336 EASTCHESTER ROAD STREET ADDRESS CITY-ST-ZIP **BRONX NY 10469** CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change 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 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 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 of 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: