

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 26, 2006 08:00 AM
Secretary of State

DOCUMENT # N00000003502

1. Entity Name
NEW COVENANT DEVELOPMENT CORPORATION



Principal Place of Business
4300 NORTHWEST 12TH AVENUE
MIAMI, FL 33127

Mailing Address
4300 NORTHWEST 12TH AVENUE
MIAMI, FL 33127



02252006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
31-1760060

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

YOUNG, NOVELLA
1280 NW 174TH STREET
MIAMI, FL 33127

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	PETTAWAY, CLYDE
STREET ADDRESS	4300 NORTHWEST 12TH AVENUE
CITY- ST- ZIP	MIAMI, FL 33127
TITLE	6D
NAME	TYLER-MCINTYRE, PHYLLIS
STREET ADDRESS	4300 NORTHWEST 12TH AVENUE
CITY- ST- ZIP	MIAMI, FL 33127
TITLE	TD
NAME	WILLIAMS, LILLIE M
STREET ADDRESS	4300 NORTHWEST 12TH AVENUE
CITY- ST- ZIP	MIAMI, FL 33127
TITLE	D
NAME	OWENS, GERALD K
STREET ADDRESS	4300 NORTHWEST 12TH AVENUE
CITY- ST- ZIP	MIAMI, FL 33127
TITLE	CEOD
NAME	MOORE, ALVIN D
STREET ADDRESS	4300 NORTHWEST 12TH AVENUE
CITY- ST- ZIP	MIAMI, FL 33127
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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05/08/06-80023-014 61.25

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IN THIS SPACE**

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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #