


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 03, 2004 8:00 am
Secretary of State

08-03-2004 90001 015 ****61.25

DOCUMENT # N01000003698 1. Entity Name GREATER NEW COVENANT CHILD CARE INC.					
Principal Place of Business 255 NE 2ND DR. HOMESTEAD, FL 33030			Mailing Address 255 NE 2ND DR. HOMESTEAD, FL 33030		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 31-1787765	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SEWELL, JOSEPH G 1580 NW 16TH AVE. MIAMI, FL 33030				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				DATE	
SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE	
Filing Fee is \$61.25 Due by September 8, 2004			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	DP SEWELL, JOSEPH 1580 NW 16TH AVE. HOMESTEAD, FL 33030		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CAROLYN BURTH 255 N.E. 2nd DRIVE HOMESTEAD, FL 33030	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PENDLETON, KELVIN 1442 HARRISON ST. MIAMI, FL 33176		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GEORGE MABRY 590 N.W. 6th AVENUE FLORIDA CITY, FL 33117	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LINDO, DEBERA D. 6700 NW 14TH AVE. MIAMI, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SEWELL, ELIZABETH 1580 NW 16TH AVE. MIAMI, FL 33030		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEWELL, SALISHA S 1580 NW 16TH AVE. HOMESTEAD, FL 33030		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEWELL, CRYSTAL 1580 NW 16TH AVE. HOMESTEAD, FL 33030		TITLE NAME STREET ADDRESS 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 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, with all other like empowered.					
SIGNATURE:					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: <i>Pres. 7/29/04</i> Daytime Phone #					

54066286



07292004 Chg-NP CR2E037 (10/03)