


**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

**54066286**



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

07292004 Chg-NP CR2E037 (10/03)

City & State

4. FEI Number  
**31-1787765**

Applied For  
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired  **\$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 **FL** Zip Code

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 September 8, 2004**

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 DP  Delete  
NAME SEWELL, JOSEPH  
STREET ADDRESS 1580 NW 16TH AVE.  
CITY-ST-ZIP HOMESTEAD, FL 33030

TITLE T  Change  Addition  
NAME CAROLYN BURTH  
STREET ADDRESS 255 N.E., 2nd DRIVE  
CITY-ST-ZIP HOMESTEAD, FL 33030

TITLE VP  Delete  
NAME PENDLETON, KELVIN  
STREET ADDRESS 1442 HARRISON ST.  
CITY-ST-ZIP MIAMI, FL 33176

TITLE VP  Change  Addition  
NAME GEORGE MABRY  
STREET ADDRESS 590 N.W., 6th AVENUE  
CITY-ST-ZIP FLORIDA CITY, FL 33117

TITLE T  Delete  
NAME LINDO, DEBERA D.  
STREET ADDRESS 6700 NW 14TH AVE.  
CITY-ST-ZIP MIAMI, FL

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S  Delete  
NAME SEWELL, ELIZABETH  
STREET ADDRESS 1580 NW 16TH AVE.  
CITY-ST-ZIP MIAMI, FL 33030

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  Delete  
NAME SEWELL, SALISHA S  
STREET ADDRESS 1580 NW 16TH AVE.  
CITY-ST-ZIP HOMESTEAD, FL 33030

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  Delete  
NAME SEWELL, CRYSTAL  
STREET ADDRESS 1580 NW 16TH AVE.  
CITY-ST-ZIP HOMESTEAD, FL 33030

TITLE  Change  Addition  
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:** \_\_\_\_\_ *Pres. 7/29/04*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #