

2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

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

FILED
Aug 08, 2005 08:00 AM
Secretary of State



05182005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
31-1787765

Applied For
Not Applicable

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

DO NOT WRITE
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 September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
MABRY, GEORGE
590 N.W. 6TH AVE
FLORIDA CITY, FL 33117

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

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

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
D
SEWELL, CRYSTAL
1580 NW 16TH AVE.
HOMESTEAD, FL 33030

DO NOT WRITE
IN THIS SPACE

000000375863
08/08/05-80004-014 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

5/18/05

Daytime Phone #