

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N01000003698

1. Entity Name
GREATER NEW COVENANT CHILD CARE INC.



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

Principal Place of Business
255 NE 2ND DR.
HOMESTEAD, FL 33030

Mailing Address
255 NE 2ND DR.
HOMESTEAD, FL 33030



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

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

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

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

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

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

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

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08/08/05-80004-014 61.25

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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: _____ Date: 8/18/05 Daytime Phone #: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR