
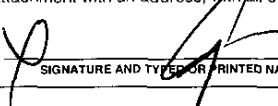


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

08-03-2004 90001 034 \*\*\*\*61.25

<b>DOCUMENT # N03000010393</b> 1. Entity Name <b>GREATER NEW COVENANT COMMUNITY DEVELOPMENT CENTER OF SOUTH FLORIDA, INC.</b>					
Principal Place of Business 255 NE 2ND AVENUE HOMESTEAD, FL 33030			Mailing Address 255 NE 2ND AVENUE HOMESTEAD, FL 33030		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>20-1184119</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent*				7. Name and Address of New Registered Agent	
SEWELL, JOSEPH G 1580 N.W. 16 AVENUE HOMESTEAD, FL 33030				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.				FL Zip Code	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SEWELL, JOSEPH G 1530 NW 16 AVENUE HOMESTEAD, FL 33030	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOPKINS, BRIDGET 11951 SW 273 STREET HOMESTEAD, FL 33032	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DICKERSON, DEBORAH 6700 NW 14 AVENUE MIAMI, FL 33033	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ELIZABETH SEWELL 1530 N.W. 16th AVENUE HOMESTEAD, FL 33030	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOPKINS, BRIDGET 11951 SW 273 STREET HOMESTEAD, FL 33032	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DICKERSON, DEBORAH 6700 NW 14 AVENUE MIAMI, FL 33033	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOPKINS, BRIDGET 11951 SW 273 STREET HOMESTEAD, FL 33032	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOPKINS, BRIDGET 11951 SW 273 STREET HOMESTEAD, FL 33032	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DICKERSON, DEBORAH 6700 NW 14 AVENUE MIAMI, FL 33033	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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.					
<b>SIGNATURE:</b>  <b>Pres.</b> <span style="float: right;">7/29/04</span>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____					