

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000010393

FILED
Oct 25, 2006
Secretary of State

Entity Name: GREATER NEW COVENANT COMMUNITY DEVELOPMENT CENTER OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

255 NE 2ND AVENUE
HOMESTEAD, FL 33030

New Principal Place of Business:

3346 N 11 DRIVE
HOMESTEAD, FL 33033

Current Mailing Address:

255 NE 2ND AVENUE
HOMESTEAD, FL 33030

New Mailing Address:

PO BOX 901456
HOMESTEAD, FL 33090

FEI Number: 20-1184119 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SEWELL, JOSEPH G
1580 N.W. 16 AVENUE
HOMESTEAD, FL 33030 US

Name and Address of New Registered Agent:

SEWELL, JOSEPH G
3346 N 11 DRIVE
HOMESTEAD, FL 33033 US

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.

SIGNATURE: JOSEPH SEWELL

10/25/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SEWELL, JOSEPH G
Address: 1530 NW 16 AVENUE
City-St-Zip: HOMESTEAD, FL 33030

Title: SD () Delete
Name: HOPKINS, BRIDGET
Address: 11951 SW 273 STREET
City-St-Zip: HOMESTEAD, FL 33032

Title: COS (X) Delete
Name: SOSA, FELIPE
Address: 10260 NW 3RD STREET
City-St-Zip: PEMBROKE PINES, FL 33026

Title: VP (X) Delete
Name: SOSA, JOHN
Address: 12860 NW 8TH AVENUE
City-St-Zip: MIAMI, FL 33168

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SEWELL, JOSEPH G
Address: 3346 N 11 DRIVE
City-St-Zip: HOMESTEAD, FL 33033

Title: SD (X) Change () Addition
Name: HOPKINS, BRIDGET
Address: 3346 N 11 DRIVE
City-St-Zip: HOMESTEAD, FL 33033

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH SEWELL

PD

10/25/2006

Electronic Signature of Signing Officer or Director

Date