

# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED  
Oct 25, 2006  
Secretary of State

DOCUMENT# N03000010393

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