

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N03000010393

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



Principal Place of Business
3346 N 11 DRIVE
HOMESTEAD, FL 33033

Mailing Address
PO BOX 901456
HOMESTEAD, FL 33090

FILED

08 FEB 27 AM 8:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02182008 REIN-NP

CR2E099 (1/07)

4. FEI Number
20-1184119

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$122.50

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME SEWELL, JOSEPH G ☐ Delete
STREET ADDRESS 3346 N 11 DRIVE
CITY-ST-ZIP HOMESTEAD, FL 33033

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 800118923558
CITY-ST-ZIP 02/27/08--01023--001 **122.50

TITLE SD
NAME HOPKINS, BRIDGET ☐ Delete
STREET ADDRESS 3346 N 11 DRIVE
CITY-ST-ZIP HOMESTEAD, FL 33033

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

Date

Daytime Phone #

2/28