

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N03000010393
1. Entity Name
 GREATER NEW COVENANT COMMUNITY
 DEVELOPMENT CENTER OF SOUTH FLORIDA, INC.



FILED
 08 FEB 27 AM 8:08
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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

Mailing Address
 PO BOX 901456
 HOMESTEAD, FL 33090



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 <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6.-Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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
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10. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> Delete
NAME	SEWELL, JOSEPH G
STREET ADDRESS	3346 N 11 DRIVE
CITY-ST-ZIP	HOMESTEAD, FL 33033
TITLE	SD <input type="checkbox"/> Delete
NAME	HOPKINS, BRIDGET
STREET ADDRESS	3346 N 11 DRIVE
CITY-ST-ZIP	HOMESTEAD, FL 33033
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	800118923558
CITY-ST-ZIP	02/27/08--01023--001 **122.50
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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