


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 12, 2006 8:00 am**  
**Secretary of State**

06-12-2006 90003 035 \*\*\*\*70.00

<b>DOCUMENT # N04000004333</b> 1. Entity Name <b>CHURCH OF GOD NEW COVENANT, INC</b>					
Principal Place of Business <b>5246 NW 7TH AVE MIAMI, FL 33169</b>			Mailing Address <b>5246 NW 7TH AVE MIAMI, FL 33169</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>LAMARRE, PIERRE-F 1195 NW 128TH TERR MIAMI, FL 33168-6532</b>				Name <b>N/A</b>	
				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>LAMARRE, PIERRE F</b>		NAME		
STREET ADDRESS	<b>1195 NW 128TH TERR</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MIAMI, FL 331686532</b>		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>DAS, FRANCOIS</b>		NAME		
STREET ADDRESS	<b>5 NW 69TH STREET</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MIAMI, FL 33150</b>		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>GENE, ROSELLE</b>		NAME		
STREET ADDRESS	<b>254 NW 50TH STREET</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MIAMI, FL 33127</b>		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>CHERY, OCCILIEN</b>		NAME		
STREET ADDRESS	<b>2321 NW 10TH AVE #308</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MIAMI, FL 33168</b>		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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.					
<b>SIGNATURE: Pierre F Lamarre</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>06-02-06</b> <small>Date</small>		<b>786-712-9127</b> <small>Daytime Phone #</small>

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