

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90133 001 ****61.25

DOCUMENT # N13752

1. Entity Name

NEW WAY COVENANT MISSIONARY BAPTIST CHURCH, INC.



Principal Place of Business

~~2621 NW 13 ST.~~
~~POMPANO BEACH FL 33069~~
~~US~~

Mailing Address

~~2621 NW 13 ST.~~
~~2601 NW 13 ST.~~
~~POMPANO BEACH FL 33069~~
~~US~~

2. Principal Place of Business

2837 N.W. 6th St.

3. Mailing Address

2837 N.W. 6 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

Pompano Bch, FL

City & State

Pompano Bch, FL

4. FEI Number **59-2658701**

Applied For

☐ Not Applicable

Zip

Country

33069

Broward

Zip

Country

33069

Broward

5. Certificate of Status Desired. ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MILLER, ANNETTE S

2621 NW 13 ST.

POMPANO BEACH FL 33069

7. Name and Address of New Registered Agent

Name

Ryan Johnson

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

1043 Wyoming Ave

City

Fort Lauderdale

FL

Zip Code

33312

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

Ryan Johnson
Signature, type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-16-03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DT	<input type="checkbox"/> Delete
NAME	MONTAGUE, JOHN	
STREET ADDRESS	1506 NW 9TH ST	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	JOHNSON, RYAN	
STREET ADDRESS	180 NW 25 AVE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33312	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSON, LA JUANA	
STREET ADDRESS	558 KATHY LANE	
CITY-ST-ZIP	MARGATE FL 33068	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HARDEN, SANDRA RUISE	
STREET ADDRESS	2410 NW 6 ST.	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE	D	<input type="checkbox"/> Delete
NAME	Annette A. Hill	
STREET ADDRESS	1514 N.W. 11 Place	
CITY-ST-ZIP	Ft. Lauderdale, FL 33311	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Annette A. Hill	
STREET ADDRESS	1514 N.W. 11 Place	
CITY-ST-ZIP	Ft. Lauderdale, FL 33311	
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 exemption stated in Section 119.07(3)(i), 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:

Annette A. Hill

4-16-03

CR2E037 (10/02)