


FILE NOW: FILING FEE IS \$61.25

FILED  
Jul 15 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N96000002661 (4)**  
1. Corporation Name  
**NEW WAY COVENANT ENTERPRISES, INC.**



Principal Place of Business <b>2601 N.W. 13TH STREET POMPANO BEACH FL 33069</b>	Mailing Address <b>2601 N.W. 13TH STREET POMPANO BEACH FL 33069-1841</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>05/13/1996</b>	3a. Date of Last Report
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>68 0762628</b>	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
<b>FOLEY, FRANCIS M ESQ.</b> <b>3050 NORTH FEDERAL HIGHWAY, SUITE 200</b> <b>LIGHTHOUSE POINT FL 33064</b>				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				85	Zip Code
					<b>FL</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept, the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Francis M. Foley* DATE **4-14-97**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PTD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MILLER, DANIEL</b>	1.2 NAME	
STREET ADDRESS	<b>2601 N.W. 13TH STREET</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>POMPANO BEACH FL 33069</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MILLER, AYANNA</b>	2.2 NAME	
STREET ADDRESS	<b>2601 N.W. 13TH STREET</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>POMPANO BEACH FL 33069</b>	2.4 CITY-ST-ZIP	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JOHNSON, LAJUANE</b>	3.2 NAME	
STREET ADDRESS	<b>558 KATHY COURT</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MARGATE FL 33068</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MONTAQUE, JOHN</b>	4.2 NAME	
STREET ADDRESS	<b>1506 N.W. 9TH STREET</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>POMPANO BEACH FL 33069</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>THURSTON, AFRA</b>	5.2 NAME	<b>Thurston, Alfred</b>
STREET ADDRESS	<b>558 KATHY COURT</b>	5.3 STREET ADDRESS	<b>700 Nw 18 St</b>
CITY-ST-ZIP	<b>MARGATE FL 33068</b>	5.4 CITY-ST-ZIP	<b>Pompano Fl 33060</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WATKINS, J.C.</b>	6.2 NAME	
STREET ADDRESS	<b>370 N.W. 14TH STREET</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>POMPANO BEACH FL 33060</b>	6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Francis M. Foley* DATE **4-14-97**

CR2E037 (9/96)