

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

**FILED**  
**Jun 02, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90133 007 \*\*\*\*61.25

**DOCUMENT # N96000002661**  
1. Entity Name  
**NEW WAY COVENANT ENTERPRISES, INC.**



Principal Place of Business  
**2621 N.W. 13TH STREET  
POMPANO BEACH FL 33069**

Mailing Address  
**2621 N.W. 13TH STREET  
POMPANO BEACH FL 33069**

**55045815**

2. Principal Place of Business  
**2837 N.W. 6th Street**

3. Mailing Address  
**2837 N.W. 6th Street**

Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State  
**Pompano Bch, FL**

City & State  
**Pompano Bch, FL**

Zip  
**33069**

Country  
**Broward**

Zip  
**33069**

Country  
**Broward**

4. FEI Number **65-0762628**

Applied For  
 Not Applicable

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 **EUGENE MOORE**  
Street Address (P.O. Box Number is Not Acceptable)  
**2648 N.W. 26 ST**  
City **Fort Lauderdale** FL Zip Code **33310**

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 *Eugene Moore* (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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD MILLER, IRA 408 NW 16 AVE. POMPANO BEACH FL 33069</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD JOHNSON, LAJUANE 558 KATHY COURT MARGATE FL 33068</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>M RUISE, SANDRA 2410 NW 8 ST POMPANO BEACH FL 33069</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D JOHNSON, RYAN 180 NW 25 AVE FORT LAUDERDALE FL 33312</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D George Heck 417 S.W. 1st Court Pompano Beach, FL 33060</b> <input type="checkbox"/> Delete <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Clarence Johnson 1025 N.E. 3rd Avenue Apt 2. Pompano Bch, FL 33060</b> <input type="checkbox"/> Delete <input checked="" type="checkbox"/> Addition

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Charles Brewster 2837 NW 6th Street Pompano Bch, FL 33069</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Regina Heck 417 S.W. 1st Court Pompano Bch, FL 33069</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T Annette A. H. 1514 NW 11 Place Fort Lauderdale, FL 33311</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T Lashona Arrington 311 N.W. 9th Avenue #2 Pompano Beach, FL 33060</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Clarence Johnson</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>George Heck</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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. H.* DATE: **4/16/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CFR2037 (10/02)