



**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 03, 2004 8:00 am**  
**Secretary of State**

08-03-2004 90001 018 \*\*\*\*61.25

DOCUMENT # N98000000342					
1. Entity Name GREATER NEW COVENANT M.B. CHURCH INC.					
Principal Place of Business 255 BE 2 AVENUE HOMESTEAD, FL 33030		Mailing Address 255 BE 2 AVENUE HOMESTEAD, FL 33030		<p style="text-align: right; font-size: 24pt;"><b>54066283</b></p> 	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		07292004 Chg-NP CR2E037 (10/03) 4. FEI Number <b>65-0806656</b>	
Applied For		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required			
Not Applicable					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SEWELL, JOSEPH G 1580 NW 16 AVENUE MIAMI, FL 33030			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25</b> <b>Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
				<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	DTD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SEWELL, JOSEPH		NAME	GEORGE MABRY	
STREET ADDRESS	1580 NW 16TH AVE		STREET ADDRESS	590 N.W. 6th AVENUE	
CITY-ST-ZIP	MIAMI, FL 33030		CITY-ST-ZIP	MIAMI, FL33117	
TITLE	DTD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PENDLETON, KELVIN		NAME		
STREET ADDRESS	1442 HARRISON ST.		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33176		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DICKERSON, DEBORAH		NAME		
STREET ADDRESS	6700 NW 14 AVENUE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33033		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MABRY, PHILLIS		NAME		
STREET ADDRESS	590 NW 6TH AVENUE		STREET ADDRESS		
CITY-ST-ZIP	FLORIDA CITY, FL 33117		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 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: _____		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: <u>7/29/04</u> Daytime Phone # _____	