

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000342

FILED
Jul 14, 2005
Secretary of State

Entity Name: GREATER NEW COVENANT M.B. CHURCH INC.

Current Principal Place of Business:

255 BE 2 AVENUE
HOMESTEAD, FL 33030

New Principal Place of Business:

Current Mailing Address:

255 BE 2 AVENUE
HOMESTEAD, FL 33030

New Mailing Address:

FEI Number: 65-0806656 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SEWELL, JOSEPH G
1580 NW 16 AVENUE
MIAMI, FL 33030 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SEWELL, JOSEPH
Address: 1580 NW 16TH AVE
City-St-Zip: MIAMI, FL 33030

Title: DTD () Delete
Name: MABRY, GEORGE
Address: 590 N.W. 6TH AVENUE
City-St-Zip: MIAMI, FL 33117

Title: T () Delete
Name: DICKERSON, DEBORAH
Address: 6700 NW 14 AVENUE
City-St-Zip: MIAMI, FL 33033

Title: ST () Delete
Name: MABRY, PHILLIS
Address: 590 NW 6TH AVENUE
City-St-Zip: FLORIDA CITY, FL 33117

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH SEWELL

P

07/14/2005

Electronic Signature of Signing Officer or Director

_____ Date