

# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N98000000342

**FILED**  
**Oct 25, 2006**  
**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:**

3346 N 11 DRIVE  
HOMESTEAD, FL 33033

**Current Mailing Address:**

255 BE 2 AVENUE  
HOMESTEAD, FL 33030

**New Mailing Address:**

PO BOX 901456  
HOMESTEAD, FL 33090

**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:**

SEWELL, JOSEPH G  
3346 N 11 DRIVE  
MIAMI, FL 33033    US

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: JOSEPH SEWELL

10/25/2006

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: P            (X) Change ( ) Addition  
Name: SEWELL, JOSEPH  
Address: 3346 N 11 DRIVE  
City-St-Zip: MIAMI, FL 33033

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 Chapter 119, 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

PD

10/25/2006

Electronic Signature of Signing Officer or Director

Date