

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 21, 1999 8:00 am
Secretary of State

02-21-1999 90038 005 ****61.25
 04-02-1999 90013 005 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N98000004683

1. Corporation Name
NEW ARK COVENANT CHURCH, INC.

Principal Place of Business Mailing Address
 2470 NW 111TH ST. 2470 NW 111TH ST.
 MIAMI FL 33167 MIAMI FL 33167

90097 - 90038 - 5



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	2470 NW 111 ST	26	2470 NW 111 ST	08/11/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
N/A		N/A		65-0861477	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Miami FL		Miami FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23	Zip	28	Country		
24	33167	25	USA		
29	33167	30	USA		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
WALKER, FABIAN 2470 NW 111TH ST. MIAMI FL 33167				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				FL			

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: Fabian Walker (NOTE: Registered Agent signature required when re-registering) DATE: 1/6/99

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PRESIDENT - D <input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FABIAN WALKER		1.2 NAME		
STREET ADDRESS	2470 NW 111TH ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33167		1.4 CITY-ST-ZIP		
TITLE	VICE PRESIDENT D <input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIE KNOWLES		2.2 NAME		
STREET ADDRESS	201 SW 65TH WAY		2.3 STREET ADDRESS		
CITY-ST-ZIP	PEMBROOK PINES FL 33023		2.4 CITY-ST-ZIP		
TITLE	SECRETARY <input checked="" type="checkbox"/> DELETE		3.1 TITLE	SECRETARY <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MICHELE WIGGINS D		3.2 NAME	JENNIFER WALKER D	
STREET ADDRESS	7944 TROPICANA STREET		3.3 STREET ADDRESS	2470 NW 111 ST.	
CITY-ST-ZIP	MIRAMAR FL		3.4 CITY-ST-ZIP	MIAMI FL 33167	
TITLE	TREASURER <input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LISA KNOWLES D		4.2 NAME		
STREET ADDRESS	201 SW 65TH WAY		4.3 STREET ADDRESS		
CITY-ST-ZIP	PEMBROOK PINES FL 33023		4.4 CITY-ST-ZIP		
TITLE	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. 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 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, with all other like empowered.

SIGNATURE: Fabian Walker SIGNATURE REQUIRED: (President) DATE: 1/6/99 DAYTIME PHONE #: 305-364-2153

CR2E037 (11/98)