

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90188 011 ****61.25

DOCUMENT # N98000004683

1. Entity Name

NEW ARK COVENANT CHURCH, INC.

Principal Place of Business

Mailing Address

2470 NW 111TH ST.
 MIAMI FL 33167

2470 NW 111TH ST.
 MIAMI FL 33167-3445

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0861477

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WALKER, FABIAN
2470 NW 111TH ST.
MIAMI FL 33167

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.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **DP WALKER, FABIEN**
 STREET ADDRESS **2470 NW 111TH ST**
 CITY-ST-ZIP **MIAMI FL 33167**

TITLE Change Addition
 NAME **TRUSTEE - D EFREM KNIGHT**
 STREET ADDRESS **8797 S.W 1ST PL**
 CITY-ST-ZIP **CORAL SPRINGS FL 33071**

TITLE Delete
 NAME **VPD KNOWLES, WILLIE**
 STREET ADDRESS **201 SW 65TH WAY**
 CITY-ST-ZIP **PEMBROKE PINES FL 33023**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **S WALKER, JENNIFER**
 STREET ADDRESS **2470 NW 111 ST.**
 CITY-ST-ZIP **MIAMI FL 33167**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **TD KNOWLES, LISA**
 STREET ADDRESS **201 SW 65TH WAY**
 CITY-ST-ZIP **PEMBROKE PINES FL 33023**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 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.

FABIAN WALKER

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

1-8-99

Date

786-351-698

Daytime Phone #

CR2E037 (9/99)