

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

**FILED  
Jan 07, 2004  
Secretary of State**

DOCUMENT# N98000004683

Entity Name: NEW ARK COVENANT CHURCH, INC.

**Current Principal Place of Business:**

2566 W 84TH ST  
HIALEAH, FL 33016

**New Principal Place of Business:**

**Current Mailing Address:**

2470 NW 111TH ST.  
MIAMI, FL 33167

**New Mailing Address:**

FEI Number: 65-0861477      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**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: DP ( ) Delete  
Name: WALKER, FABIAN  
Address: 2470 NW 111TH ST  
City-St-Zip: MIAMI, FL 33167

Title: VPD ( ) Delete  
Name: KNOWLES, WILLIE  
Address: 201 SW 65TH WAY  
City-St-Zip: PEMBROKE PINES, FL 33023

Title: SD ( ) Delete  
Name: WALKER, JENNIFER  
Address: 2470 NW 111 ST.  
City-St-Zip: MIAMI, FL 33167

Title: TD ( ) Delete  
Name: KNOWLES, LISA  
Address: 201 SW 65TH WAY  
City-St-Zip: PEMBROKE PINES, FL 33023

Title: TD ( ) Delete  
Name: KNIGHT, EFREM  
Address: 8797 SW 1ST PL  
City-St-Zip: CORAL SPRINGS, FL 33071

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: WALKER, FABIAN  
Address: 2470 NW 111TH ST  
City-St-Zip: MIAMI, FL 33167

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: TD (X) Change ( ) Addition  
Name: MOXEY, VERNON  
Address: 6431 MAIN ST., #3-307  
City-St-Zip: MIAMI LAKES, FL 33014 US

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: FABIAN WALKER

DP

01/07/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date