

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004683

FILED
Jan 17, 2008
Secretary of State

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 (X)

Name and Address of Current Registered Agent:

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

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

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

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

Title: TD () Delete
Name: MOXEY, VERNON
Address: 8522 NW 14TH COURT
City-St-Zip: MIAMI, FL 33147 US

Title: TD () Delete
Name: JACKSON, KAREN
Address: 1420 NW 199TH ST.
City-St-Zip: MIAMI GARDENS, FL 33169 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: TRES (X) Change () Addition
Name: KNOWLES, LISA
Address: 201 SW 65TH WAY
City-St-Zip: PEMBROKE PINES, FL 33023 US

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 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: FABIAN WALKER

PRES

01/17/2008

Electronic Signature of Signing Officer or Director

_____ Date