2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

DOCUMENT # N98000004683

1. Entity Name

NEW ARK COVENANT CHURCH, INC.



FILED Jan 29, 2003 8:00 am Secretary of State 01-29-2003 90156 038 ****61.75

2. Principal Place of Business 3. Mailing Address 3. Solice W 84 th ST Suite, Apt. #, etc. City & State City & State City & State Country Co	Principal Plac	e of Business	Mailing	g Address							
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SCHMINGTON STATE OF THE PROJECT OF T											
6. Name and Address of Current Registered Agent WALKER, FABIAN 2470 NW 11TH ST. MAMIF L 33167 6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of Florida State of Florida State o	•	1 1		Zip Co		untry	5. Certificate of St				
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B. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signalure, lyned or protect name of registered agent and other lappfolicible. (NOTE Registered Agent signature reculted when reneating) DATE	***************************************			Cit					■ Zin Co	ode	
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		Lettify that the information supplied with	this filina	does not qualify for	the exe	mption stated i	in Section 119.07(3)(i). Fl	lorida Statutes. I further o	ertify 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.