

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Sep 11, 2008 8:00 am**  
**Secretary of State**

09-11-2008 90001 006 \*\*\*\*61.25

DOCUMENT # N07000011501



1. Entity Name  
**GUNIETTE MINISTRIES COMMUNITY DEVELOPMENT CORPORATION**

Principal Place of Business  
 2130 NW 81ST TERR.  
 MIAMI, FL 33147

Mailing Address  
 2130 NW 81ST TERR.  
 MIAMI, FL 33147

40115645



08272008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
**P.O. Box 69-3092**  
 Suite, Apt. #, etc.

City & State  
**MIAMI, FLA**

4. FEI Number  
**22-3972927**

Applied For  
 Not Applicable

Zip  
**33269**

Country  
**USA**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
<b>SPIEGEL &amp; UTRERA, P.A.</b> 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	State <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25 Due by September 12, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE <b>DP</b>	<b>BRINSON, GUNIETTE</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>DP</b>	<b>BRINSON, GUNIETTE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>2130 NW 81ST TERR.</b>			STREET ADDRESS <b>P.O. Box 69-3092</b>		
CITY-ST-ZIP <b>MIAMI, FL 33147</b>			CITY-ST-ZIP <b>MIAMI, FLA 33269</b>		
TITLE <b>V</b>	<b>TRIBBLE, KAREN</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>V</b>	<b>Williams, Tamura</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>2130 NW 81ST TERR.</b>			STREET ADDRESS <b>P.O. Box 69-3092</b>		
CITY-ST-ZIP <b>MIAMI, FL 33147</b>			CITY-ST-ZIP <b>MIAMI, FLA 33269</b>		
TITLE <b>STD</b>	<b>WILLIAMS, TAMURA</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>STD</b>	<b>HOLMES, Tariza</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>2130 NW 81ST TERR.</b>			STREET ADDRESS <b>P.O. Box 69-3092</b>		
CITY-ST-ZIP <b>MIAMI, FL 33147</b>			CITY-ST-ZIP <b>MIAMI, FLA 33269</b>		
TITLE <b>D</b>	<b>HOLMES, TARIZA</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>D</b>	<b>WRIGHT, Alphonse</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>2130 NW 81ST TERR.</b>			STREET ADDRESS <b>P.O. Box 69-3092</b>		
CITY-ST-ZIP <b>MIAMI, FL 33147</b>			CITY-ST-ZIP <b>MIAMI, FLA 33269</b>		
TITLE <b>D</b>	<b>WRIGHT, ALPHONSE</b>	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>2130 NW 81ST TERR.</b>			STREET ADDRESS		
CITY-ST-ZIP <b>MIAMI, FL 33147</b>			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

SIGNATURE: Guniette Brinson **GUNIETTE BRINSON**  
 DIRECTOR / PRESIDENT  
 Date: 08/27/2008 Daytime Phone #: 786 417 0442