

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 23, 2009
Secretary of State**

DOCUMENT# N07000011501

Entity Name: GUNIELTE MINISTRIES COMMUNITY DEVELOPMENT CORPORATION

Current Principal Place of Business:

2130 NW 81ST TERR.
MIAMI, FL 33147

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 69-3092
MIAMI, FL 33269

New Mailing Address:

FEI Number: 22-3972927 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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: BRINSON, GUNIELTE
Address: P.O. BOX 69-3092
City-St-Zip: MIAMI, FL 33269

Title: V () Delete
Name: WILLIAMS, TAMURA
Address: P.O. BOX 69-3092
City-St-Zip: MIAMI, FL 33269

Title: STD () Delete
Name: HOLMES, TARIZA
Address: P.O. BOX 69-3092
City-St-Zip: MIAMI, FL 33269

Title: D () Delete
Name: WRIGHT, ALPHONSE
Address: P.O. BOX 69-3092
City-St-Zip: MIAMI, FL 33269

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: () 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: GUNIELTE BRINSON

DP

02/23/2009

Electronic Signature of Signing Officer or Director

Date