

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000011501

**FILED**  
**Feb 08, 2010**  
**Secretary of State**

**Entity Name:** GUNIELTE MINISTRIES COMMUNITY DEVELOPMENT CORPORATION

**Current Principal Place of Business:**

2130 NW 81ST TERR.  
MIAMI, FL 33147

**New Principal Place of Business:**

18805 NORTH MIAMI AVENUE  
MIAMI, FL 33169

**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  
Name: BRINSON, GUNIELTE  
Address: P.O. BOX 69-3092  
City-St-Zip: MIAMI, FL 33269

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: GUNIELTE BRINSON

DP

02/08/2010

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

\_\_\_\_\_  
Date