


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90423 002 ****61.25

DOCUMENT # N00000001657					
1. Entity Name "SPREADING GOD'S LOVE" DEVELOPMENT CENTER, INC.					
Principal Place of Business 6033 NW 6TH CT MIAMI, FL 33127			Mailing Address PO BOX 472673 MIAMI, FL 33247		
2. Principal Place of Business 6033 NW 6th Court		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Miami FLORIDA		City & State		4. FEI Number 65-0990133	
Zip 33127		Country USA		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent THOMPSON, EUGENE III 6033 NW 6TH COURT MIAMI, FL 33127			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 PD NAME THOMPSON, EUGENE II STREET ADDRESS 943 NW 65TH ST. CITY-ST-ZIP MIAMI, FL 33150	<input type="checkbox"/> Delete		TITLE PD NAME THOMPSON, EUGENE II STREET ADDRESS 600 NW 81st Street #916 CITY-ST-ZIP MIAMI, FL 33150	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SD NAME THOMPSON, ROSALIE STREET ADDRESS 6033 NW 6TH COURT #2 CITY-ST-ZIP MIAMI, FL 33127	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD NAME CLAYTON, RUDOLPH STREET ADDRESS 13851 S.W. 282ND ST. CITY-ST-ZIP HOMESTEAD, FL 33033	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MD NAME CEZAR, TARSHA STREET ADDRESS 2400 N.W. 22ND STREET, #817 CITY-ST-ZIP FORT LAUDERDALE, FL 33311	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Eugene Thompson Jr Eugene Thompson Jr</u> <u>5/29/05</u> <u>(305) 756-1733</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					