## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N0000001657

FILED Feb 19, 2009 Secretary of State

Entity Name: "SPREADING GOD'S LOVE" DEVELOPMENT CENTER, INC.

**Current Principal Place of Business: New Principal Place of Business:** 6021 NW 6TH COURT 6021 NW 6TH COURT MIAMI, FL 33127 MIAMI, FL 33127 **Current Mailing Address: New Mailing Address:** PO BOX 472673 PO BOX 472673 MIAMI, FL 33247 MIAMI, FL 33247 US FEI Number: 65-0990133 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: THOMPSON, MARY P 6033 NW 6TH COURT MIAMI, FL 33127 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: ( ) Delete (X) Change ( ) Addition THOMPSON, EUGENE II THOMPSON, EUGENE II Name: Name: 6033 NW 6TH CT Address: 6033 NW 6TH CT Address: City-St-Zip: MIAMI, FL 33127 City-St-Zip: MIAMI, FL 33127 US Title: SD ( ) Delete Title: (X) Change ( ) Addition THOMPSON, ROSALIE THOMPSON, ROSALIE Name: Name: Address: 6033 NW 6TH COURT #2 Address: 6033 NW 6TH COURT #2 City-St-Zip: MIAMI, FL 33127 City-St-Zip: MIAMI, FL 33127 US Title: () Delete Title: (X) Change ( ) Addition CLAYTON, RUDOLPH CLAYTON, RUDOLPH Name: Name: 13851 S.W. 282ND ST. 13851 S.W. 282ND ST. Address: Address: City-St-Zip: HOMESTEAD, FL 33033 City-St-Zip: HOMESTEAD, FL 33033 US Title: () Delete Title: VPD ( ) Change (X) Addition Name: Name: THOMPSON, MARY P 6033 NW 6TH COURT Address: Address: City-St-Zip: City-St-Zip: MIAMI, FL 33127 US Title: () Delete Title: ( ) Change (X) Addition BROOKS, DENISE Name: Name: 8410 N. SHERMAN CIRCLE #H307 Address: Address: MIRAMAR, FL 33025 US City-St-Zip: 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: EUGENE THOMPSON II PD 02/19/2009