2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State
04-09-2002 91167 029 ****61.25

DOCUMENT # N01000006265

1. Entity Name

SPIRITFILLED COMMUNITY DEVELOPMENT CORPORATION

Principal Place of Business	Mailing Address
9160 N.W. 32ND CT. RD. MIAMI FL 33147	9160 N.W. 32ND CT. RD. MIAMI FL 33147

9160 N.W 32nd Rd

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	9160 N.W 32nd Rd Suite, Apt. #, etc.
City & State: Miami, Fla	City & State: Miami Fla
Zip: 33147 Country: Dade	Zip: 33147 Country: Dade

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1136037 ☐ Applied For ☐ Not Applicable

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
SAMMS, GREGORY A ESQ. 2 N.E. 40TH ST., STE. 201 MIAMI FL 33137	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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

☐ **FILE NOW: FEE IS $61.25**

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BERNARD, RICHARD B 9160 N.W. 32ND CT. RD. MIAMI FL 33147	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MAHONE, JAMES E 1681 N.W. 189TH TERR. MIAMI FL 33169-3603	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD JAMES, DAVID 14611 S.W. 37TH ST. MIRAMAR FL 33027	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SAMUELS, GENE A 7170 S.W. 8TH ST. PEMBROKE PINES FL 33023	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BROWNE, ALBERT R 17501 N.W. 42ND AVE. MIAMI FL 33055	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DANIELS, ALBERT JR. 17619 N.W. 66TH CT. HIALEAH FL 33015-4434	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/01)

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: Richard Bernard PRES 03/31/02 1-305-459-5175
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #