2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N0100006265

1. Entity Name

SPIRITFILLED COMMUNITY DEVELOPMENT CORPORATION



FILED
May 19, 2003 8:00 am

Secretary of State

05-19-2003 90210 020 ****61.25

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SAMMS, GREGORY A ESQ. 2 N.E. 40TH ST., STE. 201 Street Address (P.O. Box Number is Not Acceptable)	CHECK HERE IF MAKING CHANGES		
S. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SAMMS, GREGORY A ESO. 2 N.E. 40TH ST., STE. 201 MIAMI FL 33137 City FL Zip Codo 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 Iamiliar with, and the obligations of registered agent and title applicable. (NOTE: Registered Agent signature required when reinstating) 2. FILE NOW: FEE IS \$61.25 3. Election Campaign Financing S5.00 May Be Make Check Payable to Florida Department of Status Power Required Agent signature required when reinstating) 3. Election Campaign Financing S5.00 May Be Make Check Payable to Florida Department of Status Power Registered Agent and title applicable. (NOTE: Registered Agent signature required when reinstating) 3. Election Campaign Financing S5.00 May Be Make Check Payable to Florida Department of Status Power Registered Agent 4. 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 Iamiliar with, and the obligations of registered agent, or both, in the State of Florida. I am Iamiliar with, and the obligations of registered agent and title applicable. (NOTE: Registered Agent signature required when reinstating) 5. City State Power Registered Agent 5. Cit	ed For pplicable		
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NAME SAMUELS, GENE A NAME	Addition		
CITY-ST-ZIP PEMBROKE PINES FL 33023 CITY-ST-ZIP			
	Addition		
NAME BROWNE, ALBERT R NAME			
STREET ADDRESS 17501 N.W. 42ND AVE. STREET ADDRESS			
CITY-ST-ZIP MIAMI FL 33055 CITY-ST-ZIP			
	Addition		
NAME DANIELS, ALBERT JR.			
STREET ADDRESS 17619 N.W. 66TH CT.			
CITY-ST-ZIP HIALEAH FL 33015-4434			

12. 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/16/03

Davtime Phone #

R2E037 (10/02)