

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

FILED
May 19, 2003 8:00 am
Secretary of State

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

DOCUMENT # NO1000006265

1. Entity Name

SPIRITFILLED COMMUNITY DEVELOPMENT CORPORATION



Principal Place of Business

**9160 N.W. 32ND CT. RD.
MIAMI FL 33147**

Mailing Address

**9160 N.W. 32ND CT. RD.
MIAMI FL 33147**

JUL100000



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1136037**

Applied For

Not Applicable

Zip

33147

Country

USA

Zip

Country

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Richard B. Bernard

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5/17/03

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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 NAME | PD BERNARD, RICHARD B | <input type="checkbox"/> Delete |
| STREET ADDRESS | 9160 N.W. 32ND CT. RD. | |
| CITY-ST-ZIP | MIAMI FL 33147 | |
| TITLE NAME | VD MAHONE, JAMES E | <input type="checkbox"/> Delete |
| STREET ADDRESS | 1681 N.W. 189TH TERR. | |
| CITY-ST-ZIP | MIAMI FL 33169-3603 | |
| TITLE NAME | SD JAMES, DAVID | <input type="checkbox"/> Delete |
| STREET ADDRESS | 14611 S.W. 37TH ST. | |
| CITY-ST-ZIP | MIRAMAR FL 33027 | |
| TITLE NAME | TD SAMUELS, GENE A | <input type="checkbox"/> Delete |
| STREET ADDRESS | 7170 S.W. 8TH ST. | |
| CITY-ST-ZIP | PEMBROKE PINES FL 33023 | |
| TITLE NAME | D BROWNE, ALBERT R | <input type="checkbox"/> Delete |
| STREET ADDRESS | 17501 N.W. 42ND AVE. | |
| CITY-ST-ZIP | MIAMI FL 33055 | |
| TITLE NAME | D DANIELS, ALBERT JR. | <input checked="" type="checkbox"/> Delete |
| STREET ADDRESS | 17619 N.W. 66TH CT. | |
| CITY-ST-ZIP | HIALEAH FL 33015-4434 | |

| | |
|----------------|---|
| TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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 B. Bernard

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/16/03

CR2E037 (10/02)