

FILED
May 16, 2003 8:00 am
Secretary of State

04-24-2003 90219 033 ****61.25

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

DOCUMENT # N02000005365			
1. Entity Name UNITED SPIRITUAL COMMUNITY DEVELOPMENT INC.			
Principal Place of Business 181 VERMONT AVENUE FORT LAUDERDALE FL 33312		Mailing Address 181 VERMONT AVENUE FORT LAUDERDALE FL 33312	
2. Principal Place of Business Same		3. Mailing Address Same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Same		City & State Same	
Zip 33312		Zip 33312	
Country Broward		Country Broward	
4. FEI Number 81-0565510		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 MATTHES, CYNTHIA 4600 N.W. 49TH COURT TAMARAC FL 33318		7. Name and Address of New Registered Agent Name: Same Street Address (P.O. Box Number is Not Acceptable) City: Same 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. Same			
SIGNATURE: <i>Bishop John Snell</i> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
FILE NOW: FEE IS \$61.25		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: BURCH, STEPHANIE D STREET ADDRESS: 1116 11TH STREET CITY-ST-ZIP: WEST PALM BEACH FL 33401 <input type="checkbox"/> Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: None <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: VD NAME: SNELL, LOUISE STREET ADDRESS: 181 VERMONT AVENUE CITY-ST-ZIP: FORT LAUDERDALE FL 33312 <input type="checkbox"/> Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: None <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: STD NAME: MATTHES, CYNTHIA STREET ADDRESS: 4600 NW 49TH COURT CITY-ST-ZIP: TAMARAC FL 33318 <input type="checkbox"/> Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: None <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	
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: <i>Bishop John Snell</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4/7/03 (954) 297-0156 Date Daytime Phone #	

55041282



☒ CHECK HERE IF MAKING CHANGES

CR2037 (10/02)

attachment

5504/282
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Changes of Officers

Please see attachment

New Officers And Directors

Founder/President: Bishop John Snell

Vice president: Lisa Hurst

Sect. / Treasury: Cynthia Masten

Asst. Sect. Louise Snell
Treasury