

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010718

FILED
Jun 30, 2009
Secretary of State

Entity Name: GLOBAL FAITH COMMUNITY DEVELOPMENT CORPORATION

Current Principal Place of Business:

6475 TAFT STREET
HOLLYWOOD, FL 33024

New Principal Place of Business:

9300 NW 40 COURT
SUNRISE, FL 33351

Current Mailing Address:

9300 NW 40TH. COURT
SUNRISE, FL 33351

New Mailing Address:

9300 NW 40 COURT
SUNRISE, FL 33351

FEI Number: 20-3646569 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SMITH, MARILYN M
9300 NW 40TH. COURT
SUNRISE,, FL 33351 US

Name and Address of New Registered Agent:

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:

Title: P () Delete
Name: SMITH, MARILYN M
Address: 9300 NW 40TH. COURT
City-St-Zip: SUNRISE, FL 33351 US

Title: VP () Delete
Name: SMITH, VAUGHN D D
Address: 9300 NW 40TH. COURT
City-St-Zip: SUNRISE, FL 33351 US

Title: D () Delete
Name: WALSH, ANDRE T
Address: 9300 NW 40TH. COURT
City-St-Zip: SUNRISE, FL 33351 US

Title: D () Delete
Name: SMITH, MARVAUGHN S
Address: 9300 NW 40TH. COURT
City-St-Zip: SUNRISE, FL 33351 US

Title: D () Delete
Name: JOHNSON, MARTENA
Address: 1173 NW 184TH. WAY
City-St-Zip: PEMBROKE PINES, FL 33029

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: MARILYN SMITH

P

06/30/2009

Electronic Signature of Signing Officer or Director

Date