2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Sep 11, 2008 8:00 am Secretary of State

☐ Change

☐ Addition

							09-11-2008 900	01 00¢ ****	1 25	
DOCUMENT # N07000011501 1. Entity Name GUNIETTE MINISTRIES COMMUNITY DEVELOPMENT CORPORATION							J9-11-2008 900	01 000 *****	01.23	
2130 NW 81ST TERR. 213			Mailing Address 2130 NW 81ST TERR, MIAMI, FL 33147	2130 NW 81ST TERR,			40115645			
2. Principal Place of Business - No P.O. Box # 3 Mailing Address										
			P.O. BOX 6	A BOX OF JOIN						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			08272008 _C	hg-NP CR	2E037 (12/06)		
City & State M Cit			M City & State	ty & State FLA			4. FEI Number Applied For Not Applied able Not Applied For Not Applicable			
Zip Country		ıntry	Zip Country			5 Certificate of Status Desired \$8.75 Additional				
6. Name and Address of Current Registe			33267	USA_	7. Name and Address of New Registered Agent					
Name						7. Name and Add	ileas of How Registe	neo Agent		
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. Street Address						(P.O. Box Number is Not Acceptable)				
4TH FLOOR								····		
MIAMI, FL 33145					City FL Zip Code					
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 purpose of changing its registered agent, or both, in the State of Florida.									and accept	
the obligations of registered agent.										
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
Filing Fee is \$61.25 9. Election Campaign Financing						\$5.00 May Be Make check payable to				
	ue by Septembe	Trust Fund C			Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
10.		FFICERS AND DIRE		11.	TA A					
TITLE NAME	DP BRINSON, GUNI	ETTE	Delete	TITLE NAME	BRI	Box 69-	NIETTE	Change	☐ Addition	
STREET ADDRESS	1			STREET ADDRESS	ρ.ο.	Box 69-3	3092			
CITY-ST-ZIP	MIAMI, FL 33147	7		CITY-ST-ZIP	MI	4 MÍ FLA	33269			
TITLE NAME	V TRIBBLE, KAREI	N)	Delete	TITLE	V.,			Change	☐ Addition	
STREET ADDRESS	2130 NW 81ST T			NAME STREET ADDRESS	Mill	AMS, Ta	MUra			
CITY-ST-ZIP	MIAMI, FL 33147	7		CITY-ST-ZIP	MIA	BOX 69-	33269			
TITLE	STD		Delete	TITLE	STD	to	-1.20	Change	☐ Addition	
NAME STREET ADDRESS	WILLIAMS, TAMURA 2130 NW 81ST TERR.		,	NAME STREET ADDRESS	HOL	MES, Ta	7/20 7/97			
CITY-ST-ZIP				CITY-ST-ZIP		BOX 69.				
TITLE	D		Delete	TITLE	1			Change	Addition	
NAME	HOLMES, TARIZ			NAME	WRI	ight, Ali	phonse	/ `		
STREET ADDRESS CITY-ST-ZIP	2130 NW 81ST T MIAMI, FL 33147			STREET ADDRESS CITY-ST-ZIP		Box 69	-3092 4 <u>33269</u>			
TITLE	D		Delete	TITLE	1-114	IMI, FL	7 35 AU I	☐ Change	Addition	
NAME	WRIGHT, ALPHO	ONSE	Total Control	NAME						
STREET ADDRESS	2130 NW 81ST T	ERR.		STREET ADDRESS	1					

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

Detete

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

NAME

MIAMI, FL 33147

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under eath; 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:

SIGNATUR