

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000002619

1. Entity Name

WORD OF LIFE COMMUNITY DEVELOPMENT CORPORATION

**FILED**  
**May 17, 2000 8:00 am**  
**Secretary of State**

05-17-2000 90905 005 \*\*\*\*70.00

Principal Place of Business

4646 NW 17TH AVE  
15600 NW 42ND AVE  
MIAMI FL 33142  
US

Mailing Address

P O BOX 471771  
MIAMI FL 33247-1771  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0495192

Applied For

Not Applicable

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

DUNN, RICHARD P II  
1895 N W 57TH ST  
MIAMI FL 33142

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.

SIGNATURE

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. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	DUNN, RICHARD P II	
STREET ADDRESS	1895 NW 57TH ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HICKS, DALE	
STREET ADDRESS	1167 NW 112TH TERR	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ASHLEY, GEORGIA L	
STREET ADDRESS	345 NW 58TH ST	
CITY-ST-ZIP	MIAMI FL 33127	
TITLE	T	<input type="checkbox"/> Delete
NAME	DELANEY, ALVIN	
STREET ADDRESS	8855 NW 1ST AVENUE	
CITY-ST-ZIP	MIAMI FL 33150	
TITLE	D	<input type="checkbox"/> Delete
NAME	COLEMAN, DWIGHT	
STREET ADDRESS	2910 NW 210TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33056	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 P. Dunn* **OFFICER**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-00 (303) 637-1111

Date

Daytime Phone #

CR2E037 (9/99)