2001 UNIFORM BUSINESS REPORT (UBR)

May 10, 2001 8:00 am Secretary of State DOCUMENT # N94000002619 WORD OF LIFE COMMUNITY DEVELOPMENT CORPORATION 05-10-2001 90164 049 ****70.00 Principal Place of Business Mailing Address 4646 NW 17TH AVE P O BOX 471771 15600 NW 42ND AVE MIAMI FL 33247 MIAMI FL 33142 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0495192 Not Applicable Zip Country Country Zip **\$8.75** Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) DUNN, RICHARD P II 1895 N W 57TH ST **MIAMI FL 33142** City 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 9. Election Campaign Financing **FILE NOW:** \$5.00 May Be Make Check Payable to Trust Fund Contribution. FEE IS \$61.25 Added to Fees **Department of State** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Addition □ Delete TITLE ☐ Change NAME DUNN, RICHARD P II NAME STREET ADDRESS STREET ADDRESS 1895 NW 57TH ST CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Delete TITI F ☐ Change Addition TITLE NAME HICKS, DALE NAME STREET ADDRESS STREET ADORESS 1167 NW 112TH TERR CITY-ST-7IP CITY-ST-7IP MIAMI-FL . = - - - - -TITLE D Detete TITLE ☐ Change ■ Addition NAME ASHLEY, GEORGIA L NAME STREET ADDRESS STREET ADDRESS 345 NW 58TH ST CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33127** TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME DELANEY, ALVIN NAME STREET ADDRESS 8855 NW 1ST AVENUE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP MIAMI FL 33150 TITLE D ☐ Delete ☐ Change ☐ Addition NAME COLMAN, DEWIGHT STREET ADDRESS 2910 NW 210TH TERRACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33056 ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Line T. Trus O V8ED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR