

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

**FILED**  
**Sep 16, 2002 8:00 am**  
**Secretary of State**

09-16-2002 90159 018 \*\*\*\*61.25

DOCUMENT # *N9400000269*

1. Entity Name

*Word of Life Community Development Corporation*

010000

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

*4646 NW 17th Avenue*

Suite, Apt. #, etc.

3. Mailing Address

*4646 NW 17th Avenue*

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

*Miami, Florida*

City & State

*Miami, Florida*

4. FEI Number

*65-0495192*

Applied For

Not Applicable

Zip

*33142*

Country

*U.S.A.*

Zip

*33142*

Country

*U.S.A.*

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

*Richard P. Dunn II*

Street Address (P.O. Box Number is Not Acceptable)

*1895 NW 57th Street*

City

*Miami*

FL

Zip Code

*33142*

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

FEE IS \$61.25

Initial or Amended UBR

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

*P= Dwighe Coleman "D"*  
*2970 NW 210th Terrace*  
*Miami, Florida 33168*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

*V= Dale Hicks "D"*  
*1167 NW 112th Terrace*  
*Miami, Florida 33168*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

*T= Alvin Delaney "D"*  
*8855 NW 1st Avenue*  
*Miami, Florida 33150*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

*S= Andre Williams "D"*  
*1850 NW 170th Street*  
*Miami, Florida 33056*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

*D= Richard P. Dunn II "D"*  
*1895 NW 57th Street*  
*Miami, Florida 33142*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*Richard P. Dunn II*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*8-29-02 (305) 637-1111*  
Date Daytime Phone #

CR2E037B (12/01)

*Attachment*



FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State

September 5, 2002

WORD OF LIFE COMMUNITY DEVELOPMENT CORPORATION  
4646 NW 17TH AVENUE  
MIAMI, FL 33142 US

SUBJECT: WORD OF LIFE COMMUNITY DEVELOPMENT CORPORATION  
Ref. Number: N94000002619

*678083*

We have received your document for WORD OF LIFE COMMUNITY DEVELOPMENT CORPORATION and check(s) totaling \$61.25. However, your check(s) and document are being returned for the following:

A non-profit corporation must list three (3) directors or (3) trustees and their street addresses in block 10 or 11. Use a "D" or "T" to designate the title.

**TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION, PLEASE RETURN THE CORRECTED REPORT TO THIS OFFICE WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Barbara Mitchell  
Document Specialist

Letter Number: 102A00051290

*Notes were added to the D next to the board officers names.*