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

DOCUMENT # N9900001787

otreach Center-

Faith Community Development

FILED May 13, 2002 8:00 am Secretary of State

05-13-2002 90147 045 ****61.25

DO NOT WRITE IN THIS SPACE

654256 2. Principal Place of Business Mailing Address 7169 N.W. 11 N. 110x Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Mami l65-090 Country Not Applicable \$8.75 Additional 5. Certificate of Status Desired QFee Required 7. Name and Address of Current Registered Agent DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 192 stree (21) 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 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Initial or Amended UBR Trust Fund Contribution, Added to Fees Department of State OFFICERS AND DIRECTORS 10 Mesident > Daisi TITLE TITLE. NAME 301 N.W. 183 strip NAME STREET ADDRESS STREET ADDRESS Miami, FL. 33056 CITY-ST-ZIP CITY-ST-ZIP TITLE Treasorer-Nathanid Thomps TITLE NAME NAME 3117 N.W. 204 Ln. STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-71P TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.