

2000 UNIFORM BUSINESS REPORT (UBR)DOCUMENT # **N99000006348**

1. Entity Name

SPIRIT OF FAITH MINISTRIES, INC.**(R)****FILED****Jun 20, 2000 8:00 am**
Secretary of State

06-20-2000 90003 023 ****61.25



DO NOT WRITE IN THIS SPACE

| | | | |
|--|--|---|---|
| Principal Place of Business 3831 N.W. 175TH STREET MIAMI FL 33055 | | Mailing Address 3831 N.W. 175TH STREET MIAMI FL 33055-3831 | |
| 2. Principal Place of Business 1100 NE 164th Street Suite, Apt. #, etc. | | 3. Mailing Address 1100 NE 164th Street Suite, Apt. #, etc. | |
| City & State North Miami Bch, FL | | City & State North Miami Bch, FL | |
| Zip 33162 | | Country Dade | |
| 4. FEI Number 65-0951149 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent TURNER, EDWARD 3831 N.W. 175TH STREET MIAMI FL 33055 | | 7. Name and Address of New Registered Agent 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 Edward Turner Signature, typed or printed name of registered agent and title if applicable. | | DATE 6/13/00 (NOTE: Registered Agent signature required when reinstating) | |
| FILE NOW: FEE IS \$61.25 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP | PD TURNER, EDWARD 3831 N.W. 175TH STREET MIAMI FL 33055 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD TURNER, ANISA 3831 N.W. 175TH STREET MIAMI FL 33055 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD TURNER, LINDA 3831 N.W. 175TH STREET MIAMI FL 33055 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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: Edward Turner SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | DATE 6/13/00 (305) 687-5990 Daytime Phone # | |