

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 13, 2003 8:00 am**  
**Secretary of State**

02-13-2003 90239 034 \*\*\*\*70.00

**DOCUMENT # N99000006348**

1. Entity Name  
**SPIRIT OF FAITH MINISTRIES, INC.**



Principal Place of Business  
**1100 NE 164TH STREET  
NORTH MIAMI BCH FL 33162**

Mailing Address  
**1100 NE 164TH STREET  
NORTH MIAMI BCH FL 33162**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0951149**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**TURNER, EDWARD  
3831 N.W. 175TH STREET  
MIAMI FL 33055**

Name **Edward Turner**  
Street Address (P.O. Box Number is Not Acceptable)

**4760 SW 153rd Terrace**  
City **Miramar, FL** Zip Code **33027**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Edward Turner \* Just change of Address \* 1/31/03  
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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete  
NAME **TURNER, EDWARD**  
STREET ADDRESS **3831 N.W. 175TH STREET**  
CITY-ST-ZIP **MIAMI FL 33055**

TITLE ☐ Delete  
NAME **4760 SW 153rd Terr** ☒ Change ☐ Addition  
STREET ADDRESS **Miramar, FL 33027**  
CITY-ST-ZIP

TITLE **SD** ☐ Delete  
NAME **TURNER, ANISA**  
STREET ADDRESS **3831 N.W. 175TH STREET**  
CITY-ST-ZIP **MIAMI FL 33055**

TITLE ☐ Delete  
NAME **4760 SW 153rd Terr** ☒ Change ☐ Addition  
STREET ADDRESS **Miramar, FL 33027**  
CITY-ST-ZIP

TITLE **T** ☐ Delete  
NAME **WALLACE, RENEE**  
STREET ADDRESS **3449 CLUSTER ROAD**  
CITY-ST-ZIP **MIRAMAR FL 33025**

TITLE ☐ Delete  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **LEWIS, KENNETH**  
STREET ADDRESS **2925 NW 132ND TERRACE UPPER LEVEL**  
CITY-ST-ZIP **OPA LOCKA FL 33054**

TITLE ☐ Delete  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME ☐ Change ☐ Addition  
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:

Edward Turner **REQUIRED**

1/31/03

Date

Daytime Phone #

CR2E037 (10/02)