

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000006353

1. Entity Name

SPRIT OF FAITH COMMUNITY DEVELOPMENT CORPORATIO

FILED

Jun 19, 2000 8:00 am
Secretary of State

06-19-2000 90003 039 ****61.25

Principal Place of Business

Mailing Address

3831 N.W. 175TH STREET
MIAMI FL 33055

3831 N.W. 175TH STREET
MIAMI FL 33055-3831

2. Principal Place of Business

3. Mailing Address

1100 N.E. 164th Street

1100 N.E. 164th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

North Miami Bch., FL

North Miami Bch., FL

4. FEI Number

Applied For

65-0950801

Not Applicable

Zip

Country

Zip

Country

33162

Dade

33162

Dade

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

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

6/13/00

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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	TURNER, EDWARD	
STREET ADDRESS	3831 N.W. 175TH STREET	
CITY-ST-ZIP	MIAMI FL 33055	
TITLE	SD	<input type="checkbox"/> Delete
NAME	TURNER, ANISA	
STREET ADDRESS	3831 N.W. 175TH STREET	
CITY-ST-ZIP	MIAMI FL 33055	
TITLE	TD	<input type="checkbox"/> Delete
NAME	TURNER, LINDA	
STREET ADDRESS	3831 N.W. 175TH STREET	
CITY-ST-ZIP	MIAMI FL 33055	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/12/00 (305) 687-5990