

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Sep 01, 2004 8:00 am**  
**Secretary of State**

09-01-2004 90004 015 \*\*\*\*69.00

**DOCUMENT # N99000006353**

1. Entity Name  
**SPIRIT OF FAITH COMMUNITY DEVELOPMENT  
CORPORATION**



Principal Place of Business  
**1100 N.E. 164TH STREET  
N MIAMI BCH, FL 33162**

Mailing Address  
**1100 N.E. 164TH STREET  
N MIAMI BCH, FL 33162**

**34071250**



07152004 No Chg-NP

CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0950801**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**TURNER, EDWARD  
4760 SW 153RD TERR  
MIRAMAR, FL 33027**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME TURNER, EDWARD  
STREET ADDRESS 4760 SW 153RD TERR  
CITY-ST-ZIP MIRAMAR, FL 33027

TITLE VD  
NAME RAMNATH, PEPE  
STREET ADDRESS 15221 SW 46TH COURT  
CITY-ST-ZIP MIRAMAR, FL 33027

TITLE TD  
NAME WALLACE, RENEE  
STREET ADDRESS 3831 N.W. 175TH STREET  
CITY-ST-ZIP MIAMI, FL 33055

TITLE SD  
NAME LEWIS, KENNETH  
STREET ADDRESS 2925 NW-132ND TERR  
CITY-ST-ZIP OPA LOCKA, FL 33054

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_

*Edward Turner* **Edward Turner**

**8/25/04**

**786-603-0514**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #