


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 29, 2006 08:00 AM
Secretary of State

DOCUMENT # N99000006353	
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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
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DO NOT WRITE IN THIS SPACE



08252006 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0950801	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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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 _____ (NOTE: Registered Agent signature required when reinstalling) **DATE** _____

Filing Fee is \$61.25 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD TURNER, EDWARD 4760 SW 153RD TERR MIRAMAR, FL 33027
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD RAMNATH, PEPE 15221 SW 46TH COURT MIRAMAR, FL 33027
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD WALLACE, RENEE 3449 CLUSTER ROAD MIRAMAR, FL 33025
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD LEWIS, KENNETH 3831 NW RIGHTSTREET MIRAMAR, FL 33055
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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09/29/06-80009-004 70.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 8/24/06 305-945-5030

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #