

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 757268 (8)
1. Corporation Name
FAITH TEAM MINISTRIES, INC.



Principal Place of Business: 14925 NW 7 AVE, POB 601013-N MIAMI BCH. FL 33160, MIAMI FL 33168
Mailing Address: P.O. BOX 601845, NORTH MIAMI BEACH FL 33180, US

3. Date Incorporated or Qualified: 06/26/1981
4. FEI Number: 59-2107157
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business: 21 14925 NW 7 AVE, 22 MIAMI FL 33168, 23 City & State, 24 Zip, 25 Country
2a. Mailing Address: 26 Suite, Apt. #, etc., 27 City & State, 28 Zip, 29 Country, 30 Country

9. Name and Address of Current Registered Agent: PORTER, POWELL, 14925 NW 7 AVE, MIAMI FL 33168

10. Name and Address of New Registered Agent: 81 Name: SCOTT YACKEE, 82 Street Address (P.O. Box Number is Not Acceptable), 83 14925 NW 7 Ave, 84 City: MIAMI, FL 85 Zip: 33168

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and I accept, the obligations of, Section 617.0503, Florida Statutes.
SIGNATURE: Scott Yackee SCOTT YACKEE (SECRETARY, DIRECTOR) DATE: 2/8/98

12. OFFICERS AND DIRECTORS

TITLE	VD	DELETE
NAME	BOWEN, ANA	
STREET ADDRESS	14925 NW 7 AVE	
CITY-ST-ZIP	MIAMI, FL 00000	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	PORTER, POWELL	
STREET ADDRESS	14925 NW 7 AVE.	
CITY-ST-ZIP	MIAMI, FL 00000	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SPEILMAN, DONNIE	
STREET ADDRESS	14925 NW 7 AVE.	
CITY-ST-ZIP	MIAMI, FL 00000	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	YACKEE, SCOTT	
STREET ADDRESS	14925 NW 7 AVE.	
CITY-ST-ZIP	MIAMI, FL 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	D BOWEN, ANA
1.3 STREET ADDRESS	14925 NW 7 AVE
1.4 CITY-ST-ZIP	MIAMI FL 33168
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	V LOBI PORTER
5.3 STREET ADDRESS	14925 NW 7 AVE
5.4 CITY-ST-ZIP	MIAMI, FL 33168
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Donnie Spielman Donnie Spielman 2/8/98 305-187-3608

CR2E037 (10/97)