


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2004 8:00 am
Secretary of State

05-12-2004 90209 038 ****61.25

DOCUMENT # 757268			
1. Entity Name FAITH TEAM MINISTRIES, INC.			
Principal Place of Business 14925 NW 7TH AVE MIAMI, FL 33168 US		Mailing Address P.O. BOX 601845 NORTH MIAMI BEACH, FL 33160 US	
2. Principal Place of Business 953 NW 3RD AVE Suite, Apt. #, etc. SUITE # 11 City & State FLORIDA CITY, FL Zip 33034 Country US		3. Mailing Address P.O. Box 901000 Suite, Apt. #, etc. City & State HOMESTEAD, FL Zip 33090-1000 Country US	
4. FEI Number 59-2107157		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCOTT YACKEE 14925 NW 7 AVE. MIAMI, FL 33168		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 953 NW 3RD AVE, SUITE # 11 City FLORIDA CITY FL Zip Code 33034	
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 _____ DATE _____ <small>* Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	D BOWEN, ANA 14925 NW 7 AVE MIAMI, FL 00000, 33168 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 953 NW 3rd Ave, Suite 11 Florida City, FL 33034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PORTER, POWELL 14925 NW 7 AVE. MIAMI, FL 00000, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 953 NW 3rd Ave, Suite 11 Florida City, FL 33034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SPEILMAN, DONNIE 14925 NW 7 AVE. MIAMI, FL 00000, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 953 NW 3rd Ave, Suite 11 Florida City, FL 33034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD YACKEE, SCOTT 14925 NW 7 AVE. MIAMI, FL 00000, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 953 NW 3rd Ave, Suite 11 Florida City, FL 33034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LORI PORTER 14925 NW 7TH AVE MIAMI, FL 33168 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 953 NW 3rd Ave, Suite 11 Florida City, FL 33034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Scott Yackee</u>		5/7/04 305-581-3608	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	