


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 20, 2006 8:00 am**  
**Secretary of State**

04-20-2006 90179 038 \*\*\*\*61.25

<b>DOCUMENT # 757268</b>					
1. Entity Name FAITH TEAM MINISTRIES, INC.					
Principal Place of Business 953 NW 3RD AVE, SUITE #11 FLORIDA CITY, FL 33034 US			Mailing Address P.O. BOX 901000 HOMESTEAD, FL 33090 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2107157	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
YACKEE, SCOTT 953 NW 3RD AVE., SUITE #11 FLORIDA CITY, FL 33034				Name: PORTER, LORI 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: <i>Lori Porter</i>				DATE: 3/16/06	
Filing Fee is \$61.25 Due by May 1, 2006		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	D	<input type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOWEN, ANA		NAME	Bowen Ana	
STREET ADDRESS	953 NW 3RD AVE., SUITE 11		STREET ADDRESS	953 NW 3rd Ave, Suite 11	
CITY-ST-ZIP	FLORIDA CITY, FL 33034		CITY-ST-ZIP	Florida City, FL 33034	
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PORTER, POWELL		NAME		
STREET ADDRESS	953 NW 3RD AVE., SUITE 11		STREET ADDRESS		
CITY-ST-ZIP	FLORIDA CITY, FL 33034		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPEILMAN, DONNIE		NAME		
STREET ADDRESS	953 NW 3RD AVE., SUITE 11		STREET ADDRESS		
CITY-ST-ZIP	FLORIDA CITY, FL 33034		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	YACKEE, SCOTT		NAME	PORTER, Anette	
STREET ADDRESS	953 NW 3RD AVE., SUITE 11		STREET ADDRESS	953 NW 3rd Ave, Site 11	
CITY-ST-ZIP	FLORIDA CITY, FL 33034		CITY-ST-ZIP	Florida City, FL 33034	
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LORI PORTER		NAME		
STREET ADDRESS	953 NW 3RD AVE., SUITE 11		STREET ADDRESS		
CITY-ST-ZIP	FLORIDA CITY, FL 33034		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Lori Porter</i>				DATE: 3/16/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #: 305-687-3602	