

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 757268

FILED  
Apr 30, 2007  
Secretary of State

Entity Name: FAITH TEAM MINISTRIES, INC.

**Current Principal Place of Business:**

953 NW 3RD AVE, SUITE #11  
FLORIDA CITY, FL 33034 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 901000  
HOMESTEAD, FL 33090 US

**New Mailing Address:**

FEI Number: 59-2107157      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PORTER, LORI  
953 NW 3RD AVE., SUITE #11  
FLORIDA CITY, FL 33034 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: SD ( ) Delete  
Name: BOWEN, ANA,  
Address: 953 NW 3RD AVE., SUITE 11  
City-St-Zip: FLORIDA CITY, FL 33034

Title: PD ( ) Delete  
Name: PORTER, POWELL,  
Address: 953 NW 3RD AVE., SUITE 11  
City-St-Zip: FLORIDA CITY, FL 33034

Title: TD ( ) Delete  
Name: SPEILMAN, DONNIE,  
Address: 953 NW 3RD AVE., SUITE 11  
City-St-Zip: FLORIDA CITY, FL 33034

Title: D ( ) Delete  
Name: PORTER, ANETTE  
Address: 953 NW 3RD AVE., SUITE 11  
City-St-Zip: FLORIDA CITY, FL 33034

Title: VD ( ) Delete  
Name: LORI PORTER,  
Address: 953 NW 3RD AVE., SUITE 11  
City-St-Zip: FLORIDA CITY, FL 33034

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONNIESPEILMAN

TD

04/30/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date