


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 23, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 757268**  
 1. Entity Name  
**FAITH TEAM MINISTRIES, INC.**



Principal Place of Business      Mailing Address  
 953 NW 3RD AVE, SUITE #11      P.O. BOX 901000  
 FLORIDA CITY, FL 33034 US      HOMESTEAD, FL 33090 US

**DO NOT WRITE IN THIS SPACE**



04212008 No Chg-NP CR2E037 (4/06)

4. FEI Number **59-2107157** Applied For  
 Not Applicable  
 5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**PORTER, LORI**  
**953 NW 3RD AVE., SUITE #11**  
**FLORIDA CITY, FL 33034**

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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 reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BOWEN, ANA 953 NW 3RD AVE., SUITE 11 FLORIDA CITY, FL 33034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PORTER, POWELL 953 NW 3RD AVE., SUITE 11 FLORIDA CITY, FL 33034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SPEILMAN, DONNIE 953 NW 3RD AVE., SUITE 11 FLORIDA CITY, FL 33034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PORTER, ANETTE 953 NW 3RD AVE., SUITE 11 FLORIDA CITY, FL 33034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LORI PORTER 953 NW 3RD AVE., SUITE 11 FLORIDA CITY, FL 33034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 05/13/08-80037-023 61.25

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:** Donnie Spielman Donnie Spielman 4-21-07 305-687-7608  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #