

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 757268

FILED
Mar 26, 2009
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:

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

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:

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

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:

03/26/2009

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

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: DONNIE SPIELMAN

TD

03/26/2009

Electronic Signature of Signing Officer or Director

Date