

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90188 027 \*\*\*\*61.25

0027962

**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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

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  
**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)  
City **FL** Zip Code

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 \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**

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

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BOWEN, ANA</b>	
STREET ADDRESS	<b>14925 NW 7 AVE</b>	
CITY-ST-ZIP	<b>MIAMI, FL 00000 33168</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>PORTER, POWELL</b>	
STREET ADDRESS	<b>14925 NW 7 AVE.</b>	
CITY-ST-ZIP	<b>MIAMI, FL 00000</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>SPEILMAN, DONNIE</b>	
STREET ADDRESS	<b>14925 NW 7 AVE.</b>	
CITY-ST-ZIP	<b>MIAMI, FL 00000</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>YACKEE, SCOTT</b>	
STREET ADDRESS	<b>14925 NW 7 AVE.</b>	
CITY-ST-ZIP	<b>MIAMI, FL 00000</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>LORI PORTER</b>	
STREET ADDRESS	<b>14925 NW 7TH AVE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33168</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>V/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 an otherlike empowered.

SIGNATURE: **SCOTT YACKEE** 4/29/03 786-236-048

CR2E037 (10/02)