


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # N03000007639

1. Entity Name
FAITH ASSEMBLY MINISTRIES INTERNATIONAL, INC.



Principal Place of Business 9608 NW 80TH STREET TAMARAC, FL 33321	Mailing Address 9608 NW 80TH STREET TAMARAC, FL 33321
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DO NOT WRITE IN THIS SPACE



04272005 No Chg-NP CR2E037 (10/03)

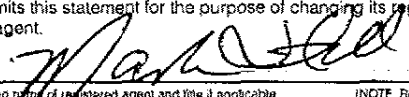
4. FEI Number 27-0066629	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HILL, MARLON A ESQ
200 S BISCAYNE BLVD SUITE 2680
MIAMI, FL 33131

**DO NOT WRITE
IN THIS SPACE**

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:  DATE: _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2005**

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

U00000351569
05/02/05-80150-022 70.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUTZMER, SELVIN C REV DR 9608 NW 80TH STREET TAMARAC, FL 33321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUTZMER, FRAULINE D REV. 1 KENDAL CLOSE, MANDEVILLE MANCHESTER JAMAICA,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRYAN, DEON P 9608 NW 80TH STREET TAMARAC, FL 33321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, ALBERT 11158 NW 34TH COURT CORAL SPRINGS, FL 33306
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 all other like empowered.

SIGNATURE: Selvin C. Gutzmer Frauline D. Gutzmer 04/28/05 954-530-0093

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #