2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007639

Name:

Address:

City-St-Zip:

JONES, ALBERT

11158 NW 34TH COURT

CORAL SPRINGS, FL 33306

FILED Apr 18, 2009 Secretary of State

Entity Name: FAITH ASSEMBLY MINISTRIES INTERNATIONAL, INC.

Current Principal Place of Business: New Principal Place of Business: 9608 NW 80TH STREET 8810 PARADISE COURT TAMARAC, FL 33321 TAMARAC, FL 33321 **Current Mailing Address: New Mailing Address:** 9608 NW 80TH STREET 8810 PARADISE COURT TAMARAC, FL 33321 TAMARAC, FL 33321 FEI Number: 27-0066629 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HILL, MARLON A ESQ 200 S BISCAYNE BLVD SUITE 2680 MIAMI, FL 33131 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete GUTZMER, SELVIN C REV DR GUTZMER, SELVIN C REV. DR Name: Name: Address: 9608 NW 80TH STREET Address: 8810 PARADISE COURT TAMARAC, FL 33321 City-St-Zip: City-St-Zip: TAMARAC, FL 33321 Title: () Delete Title: (X) Change () Addition Name: GUTZMER, FRAULINE D REV. Name: GUTZMER, FRAULINE D REV. Address: 21 COTTON TREE RD MANDEVILLE Address: 8810 PARADISE COURT City-St-Zip: MANCHESTER JAMAICA, City-St-Zip: TAMARAC, FL 33321 Title: () Delete Title: () Change () Addition BRYAN, DEON P Name: Name: 9608 NW 80TH STREET Address: Address: City-St-Zip: TAMARAC, FL 33321 City-St-Zip: Title: () Delete Title: (X) Change () Addition

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.

Name:

Address:

City-St-Zip:

JONES, ALBERT

11158 NW 34TH COURT

CORAL SPRINGS, FL 33065

SIGNATURE: DEON P. BRYAN D 04/18/2009