

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011824

FILED
Mar 24, 2009
Secretary of State

Entity Name: EVERLASTING FAITH INTERNATIONAL MINISTRIES INC.

Current Principal Place of Business:

1900 NW 183RD ST
MIAMI GARDENS, FL 33056

New Principal Place of Business:

Current Mailing Address:

1821 NW 152ND ST
MIAMI GARDENS, FL 33054

New Mailing Address:

FEI Number: 04-3803252

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, HERBERT R
1821 NW 152 ST
MIAMI GARDENS, FL 33054 US

Name and Address of New Registered Agent:

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:

Title: PD () Delete
Name: SMITH, HERBERT R
Address: 1821 NW 152 ST
City-St-Zip: MIAMI GARDENS, FL 33054

Title: VPD () Delete
Name: SMITH, DEBRA
Address: 1821 NW 152 ST
City-St-Zip: MIAMI GARDENS, FL 33054

Title: SD () Delete
Name: HOLT, CAUSHA
Address: 1821 NW 152 ST
City-St-Zip: MIAMI GARDENS, FL 33054

Title: D () Delete
Name: SMITH, RUBIN C
Address: 1821 NW 152ND ST
City-St-Zip: MIAMI GARDENS, FL 33054

Title: VSD () Delete
Name: DOWDELL, RENARD
Address: 1821 NW 152ND ST
City-St-Zip: MIAMI GARDENS, FL 33054

Title: TD () Delete
Name: SMITH, DORI N
Address: 1821 NW 152ND ST
City-St-Zip: MIAMI GARDENS, FL 33054

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: HERBERT R. SMITH

PRES

03/24/2009

Electronic Signature of Signing Officer or Director

Date