

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 17, 2007
Secretary of State**

DOCUMENT# N04234

Entity Name: FAITH MINISTRIES CHURCH, INC.

Current Principal Place of Business:

360 NE 152ND ST
N MIAMI BCH, FL 33162

New Principal Place of Business:

Current Mailing Address:

360 NE 152ND ST
N MIAMI BCH, FL 33162

New Mailing Address:

FEI Number: 20-0030793 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORGAN, CHARLES O., JR.
1300 N.W. 167TH STREET
MIAMI, FL 33169 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: GUALTIERI, REV.DANIEL,
Address: 360 NE 152 ST.
City-St-Zip: MIAMI, FL

Title: SD () Delete
Name: GUALTIERI, EVE,
Address: 360 NE 152 ST.
City-St-Zip: MIAMI, FL

Title: TD () Delete
Name: GUALTIERI, DANIEL JO, SEPH
Address: 360 NE 152 ST.
City-St-Zip: MIAMI, FL 33162

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: EVE GUALTIERI

SD

01/17/2007

Electronic Signature of Signing Officer or Director

_____ Date