2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006
Secretary of State

DOCUMENT# N05000003529

Entity Name: FAITH TEAM MINISTRIES INTERNATIONAL INC.

Current Principal Place of Business:

3492 DEXTER SHORES DRIVE SE LOT 2
WINTER HAVEN, FL 33884

New Principal Place of Business:

Current Mailing Address:

PO BOX 154
EAGLE LAKE, FL 33839

New Mailing Address:

FEI Number: 13-4273341 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEVER, ROBIN
3492 DEXTER SHORES DRIVE SE LOT 2
WINTER HAVEN, FL 33884 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: D ( ) Delete
Name: LEVER, ROBIN
Address: 3492 DEXTER SHORES DRIVE SE LOT 2
City-St-Zip: WINTER HAVEN, FL 33884

Title: D ( ) Delete
Name: LEVER, CHRISTY
Address: 3492 DEXTER SHORES DRIVE SE LOT 2
City-St-Zip: WINTER HAVEN, FL 33884

Title: D ( ) Delete
Name: LEVER, JASON
Address: 3492 DEXTER SHORES DRIVE SE LOT 2
City-St-Zip: WINTER HAVEN, FL 33884

Title: D ( ) Delete
Name: LEVER, ROBIN II
Address: 5115 NORTH SOCRUM LOOP RD APT 1
City-St-Zip: LAKELAND, FL 33809

Title: D ( ) Delete
Name: LEVER, JESSICA
Address: 650 AVE J NW APT 102
City-St-Zip: WINTER HAVEN, FL 33881

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:

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: ROBIN LEVER D 04/20/2006

Electronic Signature of Signing Officer or Director Date