

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003529

FILED  
May 01, 2007  
Secretary of State

**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 ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

LEVER, ROBIN  
3492 DEXTER SHORES DRIVE SE LOT 2  
WINTER HAVEN, FL 33884      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:**

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: LAKE LAND, 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 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 MARK LEVER

REV. \_\_\_\_\_

05/01/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date