

2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Jul 15, 2011
Secretary of State**

DOCUMENT# N05000003529

Entity Name: FAITH TEAM MINISTRIES INTERNATIONAL INC.**Current Principal Place of Business:**1808 HAVENDALE BLVD.
WINTER HAVEN, FL 33881**New Principal Place of Business:**349 ASHLEY DR.
HAINES CITY, FL 33844**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
1808 HAVENDALE BLVD.
WINTER HAVEN, FL 33881 US**Name and Address of New Registered Agent:**LEVER, ROBIN
349 ASHLEY DR
HAINES CITY, FL 33844 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:

07/15/2011

Electronic Signature of Registered Agent_____
Date**OFFICERS AND DIRECTORS:**

Title: D
Name: LEVER, ROBIN
Address: 349 ASHLEY DR
City-St-Zip: HAINES CITY, FL 33844

Title: D
Name: LEVER, CHRISTY
Address: 349 ASHLEY DR
City-St-Zip: HAINES CITY, FL 33844

Title: D
Name: LEVER, ROBIN II
Address: 515 REDDICK CIRCLE
City-St-Zip: WINTER HAVEN, FL 33884

Title: D
Name: LEVER, JESSICA
Address: P. O BOX 154
City-St-Zip: EAGLE LAKE, FL 33839

I hereby 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 all other like empowered.

SIGNATURE: ROBIN LEVER

RA

07/15/2011

Electronic Signature of Signing Officer or Director_____
Date