

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001335

FILED
Jan 28, 2009
Secretary of State

Entity Name: FAITH APOSTOLIC MINISTRIES, INC.

Current Principal Place of Business:

8352 W. OAKLAND PARK BLVD.
SUNRISE, FL 33324

New Principal Place of Business:

Current Mailing Address:

% DONALD WRIGHT
480 CLANCEY CIRCLE
MARGATE, FL 33068

New Mailing Address:

FEI Number: 43-2096090 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NELSON, EULA
4699 NORTH SR 7
SUITE Z
TAMARAC, FL 33319 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: WRIGHT, DONALD W
Address: 480 CLANCEY CIRCLE
City-St-Zip: MARGATE, FL 33068

Title: TD () Delete
Name: COUSENS, RETINELLA
Address: 395 NW 89TH CT.
City-St-Zip: MIAMI, FL 33138

Title: SD () Delete
Name: EDMON, MERTILYN
Address: 6560 SW 28TH ST.
City-St-Zip: MIRAMAR, FL 33023

Title: D () Delete
Name: WILLIAMS, COLIN
Address: 8352 W. OAKLAND PARK BLVD.
City-St-Zip: SUNRISE, FL 33324

Title: D () Delete
Name: GREEN, DAMIEN
Address: 8352 W. OAKLAND PARK BLVD
City-St-Zip: SUNRISE, FL 33324

Title: S () Delete
Name: GRANT, MAUDLIN
Address: 8352 W. OAKLAND PARK BLVD
City-St-Zip: SUNRISE, FL 33324

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
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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: DONALD WRIGHT

PD

01/28/2009

Electronic Signature of Signing Officer or Director

Date