

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001335

FILED
May 05, 2010
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 ()**
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:

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

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

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

Title: D
Name: PALMER, SARAH
Address: 8352 W. OAKLAND PARK BLVD.
City-St-Zip: SUNRISE, FL 33324

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

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

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: DONALD W WRIGHT

P

05/05/2010

Electronic Signature of Signing Officer or Director

Date