

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 12 PM 12:21

DOCUMENT # **N21719** (2)

1. Corporation Name

FAITH ASSEMBLY MINISTRIES, INC.

Principal Place of Business	Mailing Address
G/O REV. ETHELBERG NORMAN BRISSETT 4461 NW 23 RD CT LAUDERHILL FL 33313	C/O REV. ETHELBERG NORMAN BRISSETT 4461 NW 23 RD CT LAUDERHILL FL 33313

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/30/1987	3a. Date of Last Report 05/01/1994
4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**BRISSETT, ETHELBERG NORMAN
4461 NW 23RD CT
LAUDERHILL FL 33313**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City
85 Zip Code

FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BRISSETT, ETHELBERG N.
STREET ADDRESS	4461 NW 23RD COURT
CITY - ST - ZIP	LAUDERHILL FL
TITLE	STD
NAME	BRISSETT, VALRENE LINDA
STREET ADDRESS	4461 NW 23RD COURT
CITY - ST - ZIP	LAUDERHILL FL
TITLE	D
NAME	BROWN, ESTRIANA L.
STREET ADDRESS	1360 NW 55TH AVENUE
CITY - ST - ZIP	LAUDERHILL FL
TITLE	D
NAME	DALEY, CEPHAS P
STREET ADDRESS	4291 NW 43 CT
CITY - ST - ZIP	LAUDERDALE LAKES FL
TITLE	D
NAME	GRAY, PERALINE Y
STREET ADDRESS	3384 NW 21 ST
CITY - ST - ZIP	LAUDERDALE LAKES FL
TITLE	D
NAME	SMITH, CAROL P
STREET ADDRESS	39999 NW 32 TER
CITY - ST - ZIP	LAUDERDALE LAKES FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Ethelbert N. Brissett
Ethelbert N. Brissett - President

4-5-95 (305) 739-5630
Date Signature