

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N21719 (2)
1. Corporation Name
FAITH ASSEMBLY MINISTRIES, INC.



Principal Place of Business C/O REV. ETHELBERG NORMAN BRISSETT 4481 NW 23 RD CT LAUDERHILL FL 33313	Mailing Address C/O REV. ETHELBERG NORMAN BRISSETT 4461 NW 23 RD CT LAUDERHILL FL 33313
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3. Date Incorporated or Qualified
06/30/1987

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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2. Principal Place of Business 21 3775 N.W. 16 St. Suite, Apt. #, etc.	2a. Mailing Address 26 4461 N.W. 23rd Ct. Suite, Apt. #, etc.
22 Lauderhill, Fl. City & State	27 Lauderhill City & State
23 33311 Zip	25 Broward Country
24 33313 Zip	30 Broward Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

BRISSETT, ETHELBERG NORMAN
4481 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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Ethelbert Norman Brissett DATE 4-21-98

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BRISSETT, ETHELBERG N.		1.2 NAME	
STREET ADDRESS 4481 NW 23RD COURT		1.3 STREET ADDRESS	
CITY-ST-ZIP LAUDERHILL FL		1.4 CITY-ST-ZIP	
TITLE STD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BRISSETT, VALRENE LINDA		2.2 NAME	
STREET ADDRESS 4461 NW 23RD COURT		2.3 STREET ADDRESS	
CITY-ST-ZIP LAUDERHILL FL		2.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BROWN, ESTRIANA L.		3.2 NAME	
STREET ADDRESS 1701 N.W. 48 AVE., 111		3.3 STREET ADDRESS	
CITY-ST-ZIP LAUDERHILL FL		3.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DALEY, CEPHAS P		4.2 NAME	
STREET ADDRESS 4291 NW 43 CT		4.3 STREET ADDRESS	
CITY-ST-ZIP LAUDERDALE LAKES FL		4.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GRAY, PERALINE Y		5.2 NAME	
STREET ADDRESS 3384 NW 21 ST		5.3 STREET ADDRESS	
CITY-ST-ZIP LAUDERDALE LAKES FL		5.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SMITH, CAROL P		6.2 NAME	
STREET ADDRESS 3999 N.W. 32 TERR		6.3 STREET ADDRESS	
CITY-ST-ZIP LAUDERDALE LAKES FL		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Valrene Brissett DATE 4/23/98 (954) 739-5630

CR2E037 (10/97)