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**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90163 014 \*\*\*\*61.25



NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**

FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N21719**

1. Corporation Name

**FAITH ASSEMBLY MINISTRIES, INC.**

Principal Place of Business

Mailing Address

3775 NW 16 ST  
 4461 NW 23 RD CT  
 LAUDERHILL FL 33311  
 US

4461 NW 23 CT  
 4461 NW 23 RD CT  
 LAUDERHILL FL 33313  
 US



2. Principal Place of Business

2a. Mailing Address

21 **3775 N.W. 16 St.**

26 **4461 N.W. 23 Court**

3. Date Incorporated or Qualified

**06/30/1987**

4. FEI Number  
**NOT APPLICABLE**

Applied For  
 Not Applicable

22 City & State  
**Lauderhill, FL**

27 City & State  
**Lauderhill, FL**

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

23 Zip Country  
**33311 Broward**

28 Zip Country  
**33313 Broward**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City **FL** 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BRISSETT, ETHELBERG N.	
STREET ADDRESS	4461 NW 23RD COURT	
CITY-ST-ZIP	LAUDERHILL FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	BRISSETT, VALRENE LINDA	
STREET ADDRESS	4461 NW 23RD COURT	
CITY-ST-ZIP	LAUDERHILL FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BROWN, ESTRIANA L.	
STREET ADDRESS	1701 N.W. 46 AVE., 111	
CITY-ST-ZIP	LAUDERHILL FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DALEY, CEPHAS P	
STREET ADDRESS	4291 NW 43 CT	
CITY-ST-ZIP	LAUDERDALE LAKES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GRAY, PERALINE Y	
STREET ADDRESS	3384 NW 21 ST	
CITY-ST-ZIP	LAUDERDALE LAKES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SMITH, CAROL P	
STREET ADDRESS	3999 N.W. 32 TERR	
CITY-ST-ZIP	LAUDERDALE LAKES FL	

1.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Headley C. Brown	
1.3 STREET ADDRESS	1701 N.W. 46 Ave.	
1.4 CITY-ST-ZIP	Lauderhill, FL 33313	
2.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Benjamin Gordon	
2.3 STREET ADDRESS	4281 N.W. 35 Ave.	
2.4 CITY-ST-ZIP	Lauderdale Lakes, FL 33309	
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 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, with all other like empowered.

SIGNATURE: **Valrene Harris Brissett** 4/25/99 (954) 739-5630

CR2E037 (1/98)