

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 26, 2000 8:00 am**  
**Secretary of State**

04-26-2000 90039 030 \*\*\*\*61.25

**DOCUMENT # N21719**

1. Entity Name

**FAITH ASSEMBLY MINISTRIES, INC.**

Principal Place of Business

Mailing Address

3775 NW 16 ST  
 LAUDERHILL FL 33311  
 US

4461 NW 23 CT  
 LAUDERHILL FL 33313-3557  
 US

2. Principal Place of Business

*3300 Inverrary Blvd.*

3. Mailing Address

Suite, Apt. #, etc.  
*100*

Suite, Apt. #, etc.

City & State

*Lauderhill, Fl.*

City & State

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

Zip

Country

*33319*

*Broward*

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD**  Delete  
 NAME **BRISSETT, ETHELBERG N.**  
 STREET ADDRESS **4461 NW 23RD COURT**  
 CITY-ST-ZIP **LAUDERHILL FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **STD**  Delete  
 NAME **BRISSETT, VALRENE LINDA**  
 STREET ADDRESS **4461 NW 23RD COURT**  
 CITY-ST-ZIP **LAUDERHILL FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **BROWN, HEADLEY C**  
 STREET ADDRESS **1701 NW 46 AVE**  
 CITY-ST-ZIP **LAUDERHILL FL 33313**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **DALEY, CEPHAS P**  
 STREET ADDRESS **4291 NW 43 CT**  
 CITY-ST-ZIP **LAUDERDALE LAKES FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **GRAY, PERALINE Y**  
 STREET ADDRESS **3384 NW 21 ST**  
 CITY-ST-ZIP **LAUDERDALE LAKES FL**

TITLE  Change  Addition  
 NAME *Correct spelling of first name "PearLine"*  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **SMITH, CAROL P**  
 STREET ADDRESS **3999 N.W. 32 TERR**  
 CITY-ST-ZIP **LAUDERDALE LAKES FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *W. BRISSETT*

*W. BRISSETT (STD)*

*4-21-00*

*(954) 739-5630*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)