


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 07, 2004 8:00 am**  
**Secretary of State**

04-07-2004 90340 025 \*\*\*\*61.25

**DOCUMENT # N21719**

1. Entity Name  
**FAITH ASSEMBLY MINISTRIES, INC.**



Principal Place of Business      Mailing Address

**3300 INVERARRY BLVD  
 #100  
 LAUDERHILL FL 33319  
 US**

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

**14001020**



MOORE      CR2E037 (11/03)

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For

**NO-T APPLICABLE**      Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25  
 Due By May 1, 2004**

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

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

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 type="checkbox"/> Delete
NAME	GORDON, BENJAMIN	
STREET ADDRESS	12252 NW 32ND MANOR	
CITY-ST-ZIP	SUNRISE FL 33323	
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, PEARLINE Y	
STREET ADDRESS	7410 NW 51 ST.	
CITY-ST-ZIP	LAUDERHILL FL 33319	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, CAROL P	
STREET ADDRESS	3999 N.W. 32 TERR	
CITY-ST-ZIP	LAUDERDALE LAKES FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

*Address Change*       Change       Addition

*Daley, Cephas P.  
 12753 75 Lane North  
 West Palm Beach, FL 33412*

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: *Valrene Brissett*      4/5/04      (954) 739-5630

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #