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

APPROVED AND FILED

95 APR 14 AM 1:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000004950

1. Corporation Name

FAITH & POWER MINISTRIES. INC.

Principal Place of Business	Mailing Address
12921 S.W. 84 Street Miami, Fl 33183	12921 S.W. 84 Street Miami, Fl 33183

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/28/93
3a. Date of Last Report:
4. FEI Number: 65-0439727 ☐ Applied For ☐ Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

GUTIERREZ ANGEL
12921 S.W. 84th Street
Miami, Fl 33183

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
300001475553
-05/04/95--01032--005
*****61.25 *****61.25
83
84 City FL 85 Zip Code

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: Rev. Angel Gutierrez DATE: 3/27/95
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	P/ /VP/ /T	11 TITLE	P /D ☒ Change ☐ Addition
NAME	Angel E. Gutierrez	12 NAME	Angel E. Gutierrez
STREET ADDRESS	12921 S.W. 84th St.	13 STREET ADDRESS	12921 S.W. 84th Street
CITY-ST-ZIP	Miami, Fl 33183	14 CITY-ST-ZIP	Miami, Fl 33183
TITLE	S/D	21 TITLE	V/T ☒ Change ☐ Addition
NAME	Rafael Almonte	22 NAME	Sonia A. Gutierrez
STREET ADDRESS	8816 N.W. 112 Terr.	23 STREET ADDRESS	12921 S.W. 84th Street
CITY-ST-ZIP	Hialeah,Gardens, Fl 33016	24 CITY-ST-ZIP	Miami, Fl 33183
TITLE	D	31 TITLE	S ☒ Change ☐ Addition
NAME	Leon Phillips	32 NAME	Marieta J. Martinez
STREET ADDRESS	1440 NE 155 Terr.	33 STREET ADDRESS	7424 S.W. 146 Ct.
CITY-ST-ZIP	Miami, Fl 33162	34 CITY-ST-ZIP	Miami, Fl 33183
TITLE		41 TITLE	D ☐ Change ☒ Addition
NAME		42 NAME	Sonia E. Osorio
STREET ADDRESS		43 STREET ADDRESS	12921 S.W. 84th Street
CITY-ST-ZIP		44 CITY-ST-ZIP	Miami, Fl 33183
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	300001475553
STREET ADDRESS		53 STREET ADDRESS	-05/04/95--01032--006
CITY-ST-ZIP		54 CITY-ST-ZIP	******8.75 ******8.75
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	CH

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 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: Rev. Angel Gutierrez 3/27/95 305-385-4994
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #