

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**DOCUMENT # N94000002640**

1. Entity Name

FAITH ANOINTED MINISTRY, INC.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 SEP 17 AM 8:33

Principal Place of Business

5126 NW 7TH AVE  
MIAMI FL 33127-2010  
US

Mailing Address

5050 NW 7TH AVE  
MIAMI FL 33127



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2nd MOORE

CR2E037 (4/08)

City & State

City & State

4. FEI Number

65-0495272

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

GARVIN, CHARLES H  
16101 NW 17TH CT  
OPA LOCKA FL 33054

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

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  
Due By September 3, 2008**

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 P ☐ Delete  
NAME GARVIN, CHARLES H  
STREET ADDRESS 16101 NW 17TH CT  
CITY-ST-ZIP OPA LOCKA FL 33054

TITLE S ☐ Delete  
NAME GARVIN, JACQUELINE  
STREET ADDRESS 16101 NW 17TH COURT  
CITY-ST-ZIP OPA LOCKA FL 33054

TITLE T ☐ Delete  
NAME WILLIAMS, BERNICE  
STREET ADDRESS 18035 NW 43RD CT  
CITY-ST-ZIP MIAMI FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ Addition  
200136245962  
09/23/08--01010--005 \*\*66.25

☐ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Charles Garvin* Charles GARVIN Sept. 14-08