

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 01, 2004 8:00 am
Secretary of State

09-01-2004 90004 016 ****69.00

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1. Entity Name
SPIRIT OF FAITH MINISTRIES, INC.



Principal Place of Business
**1100 NE 164TH STREET
NORTH MIAMI BCH, FL 33162**

Mailing Address
**1100 NE 164TH STREET
NORTH MIAMI BCH, FL 33162**



07152004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0951149	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**TURNER, EDWARD
4760 SW 153RD TERRACE
MIRAMAR, FL 33027**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by September 8, 2004**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TURNER, EDWARD 4760 SW 153RD TERR MIRAMAR, FL 33027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TURNER, ANISA 4760 SW 153RD TERR MIRAMAR, FL 33027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WALLACE, RENEE 3449 CLUSTER ROAD MIRAMAR, FL 33025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEWIS, KENNETH 2925 NW 132ND TERRACE UPPER LEVEL OPA LOCKA, FL 33054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Edward Turner **Edward Turner**

8/25/04

786-663-0514

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #