


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2005 8:00 am
Secretary of State

07-12-2005 90038 016 ****61.25

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|---|-----------------------------------|---|---|---|--------------|
| DOCUMENT # N99000006348 | | | |  | |
| 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 | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | | Country | | 07062005 Chg-NP CR2E037 (10/03) 4. FEI Number 65-0951149 <input type="checkbox"/> Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| TURNER, EDWARD 4760 SW 153RD TERRACE MIRAMAR, FL 33027 | | | 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 _____ DATE _____ | | | | | |
| Filing Fee is \$61.25 Due by September 7, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | PD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | TURNER, EDWARD | | NAME | | |
| STREET ADDRESS | 4760 SW 153RD TERR | | STREET ADDRESS | | |
| CITY - ST - ZIP | MIRAMAR, FL 33027 | | CITY - ST - ZIP | | |
| TITLE | SD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | TURNER, ANISA | | NAME | | |
| STREET ADDRESS | 4760 SW 153RD TERR | | STREET ADDRESS | | |
| CITY - ST - ZIP | MIRAMAR, FL 33027 | | CITY - ST - ZIP | | |
| TITLE | T | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | WALLACE, RENEE | | NAME | | |
| STREET ADDRESS | 3449 CLUSTER ROAD | | STREET ADDRESS | | |
| CITY - ST - ZIP | MIRAMAR, FL 33025 | | CITY - ST - ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | LEWIS, KENNETH | | NAME | Lewis, Kenneth | Address only |
| STREET ADDRESS | 2925 NW 432ND TERRACE UPPER LEVEL | | STREET ADDRESS | 3831 NW 175th street | |
| CITY - ST - ZIP | OPA LOCKA, FL 33054 | | CITY - ST - ZIP | Miami, FL 33055 | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY - ST - ZIP | | | CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY - ST - ZIP | | | 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: <u>Edward Turner</u> | | Edward Turner | | 7/6/05 786063-0514 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date | | Civil Phone # | |