


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 01, 2006 08:00 AM
Secretary of State

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
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DO NOT WRITE IN THIS SPACE



08252006 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0951149	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent TURNER, EDWARD 4760 SW 153RD TERRACE MIRAMAR, FL 33027

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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 reinstalling) DATE

Filing Fee is \$61.25 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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 3831 NW 175TH STREET MIAMI, FL 33055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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U00000575917
09/01/06-80007-013 70.00

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: Edward Turner Edward Turner 8/24/06 305-945-5030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #