

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N99000006348

1. Entity Name
SPIRIT OF FAITH MINISTRIES, INC.



FILED
Jul 25, 2008 08:00 AM
Secretary of State

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

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



07232008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0951149

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000956305
07/25/08-80003-001 61.25

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

**DO NOT WRITE
IN THIS SPACE**

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/23/08
Date

786-859-2858
Daytime Phone #