

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 757268

Entity Name: FAITH TEAM MINISTRIES, INC.

**FILED
Jul 30, 2019
Secretary of State
2525476442CC**

Current Principal Place of Business:

953 NW 3RD AVE,
SUITE #11
FLORIDA CITY, FL 33034

Current Mailing Address:

P.O. BOX 901000
12803
HOMESTEAD, FL 33090 US

FEI Number: 59-2107157

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PORTER, LORI
953 NW 3RD AVE.
SUITE #11
FLORIDA CITY, FL 33034 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title SD
Name BOWEN, ANA
Address 953 NW 3RD AVE., SUITE 11
City-State-Zip: FLORIDA CITY FL 33034

Title PD
Name PORTER, POWELL
Address 953 NW 3RD AVE., SUITE 11
City-State-Zip: FLORIDA CITY FL 33034

Title TD
Name SPIELMAN, DONNIE
Address 953 NW 3RD AVE., SUITE 11
City-State-Zip: FLORIDA CITY FL 33034

Title D
Name PORTER, ANETTE
Address 953 NW 3RD AVE., SUITE 11
City-State-Zip: FLORIDA CITY FL 33034

Title VD
Name LORI PORTER
Address 953 NW 3RD AVE., SUITE 11
City-State-Zip: FLORIDA CITY FL 33034

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DONNIE SPIELMAN

TD

07/30/2019

Electronic Signature of Signing Officer/Director Detail

Date