2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 757268

Entity Name: FAITH TEAM MINISTRIES, INC.

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

FILED Apr 06, 2016

Secretary of State

CC6458626885

Officer/Director Detail:

Title SD Title PD

Name BOWEN, ANA Name PORTER, POWELL

Address 953 NW 3RD AVE., SUITE 11 Address 953 NW 3RD AVE., SUITE 11
City-State-Zip: FLORIDA CITY FL 33034 City-State-Zip: FLORIDA CITY FL 33034

Title TD Title D

Name SPIELMAN, DONNIE Name PORTER, ANETTE

Address 953 NW 3RD AVE., SUITE 11 Address 953 NW 3RD AVE., SUITE 11
City-State-Zip: FLORIDA CITY FL 33034 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.