

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 757268

**FILED**  
**Feb 12, 2020**  
**Secretary of State**  
**040246662CC**

**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 344386  
FLORIDA CITY, FL 33034 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

02/12/2020

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date