# 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: DONALD W. WRIGHT

Electronic Signature of Signing Officer/Director Detail

# DOCUMENT# N06000001335

Entity Name: FAITH APOSTOLIC MINISTRIES, INC.

#### Current Principal Place of Business:

3668 W. DAVIE BLVD FT LAUDERDALE, FL 33312

# **Current Mailing Address:**

% DONALD WRIGHT 480 CLANCEY CIRCLE MARGATE, FL 33068

### FEI Number: 43-2096090

### Name and Address of Current Registered Agent:

WRIGHT, DONALD W 480 CLANCEY CIRCLE MARGATE, FL 33068 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

# Officer/Director Detail :

Title	PD	Title	SD	
Name	WRIGHT, DONALD W	Name	EDMON, MERTILYN	
Address	480 CLANCEY CIRCLE	Address	6560 SW 28TH ST.	
City-State-Zip:	MARGATE FL 33068	City-State-Zip:	MIRAMAR FL 33023	
			-	
Title	D	Title	S	
Title Name	D HARRIS, SYLVIA	Title Name	S GRANT, MAUDLIN	
Name	HARRIS, SYLVIA	Name	GRANT, MAUDLIN	

PRESIDENT

08/14/2014

Date

### FILED Aug 14, 2014 Secretary of State CC5808597794

Date

#### Certificate of Status Desired: No