

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000005152

**Entity Name:** FULL OF FAITH MINISTRIES, INC.

**Current Principal Place of Business:**

1810 NW 122ND TERRACE  
PEMBROKE PINES, FL 33026

**Current Mailing Address:**

1810 NW 122ND TERRACE  
PEMBROKE PINES, FL 33026 US

**FEI Number:** 47-1008257

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

WILLIAMS, EDWARD M. SR.  
1810 NW 122ND TERRACE  
PEMBROKE PINES, FL 33026 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            PRESIDENT  
Name            WILLIAMS, EDWARD M SR  
Address        1810 NW 122ND TERRACE  
City-State-Zip: PEMBROKE PINES FL 33026

Title            VP  
Name            WILLIAMS, JESSIDRIA S  
Address        1810 NW 122ND TERRACE  
City-State-Zip: PEMBROKE PINES FL 33026

Title            TREASURER  
Name            KEYE, JOYCE C  
Address        17667 SW 28TH COURT  
City-State-Zip: MIRAMAR FL 33029

Title            DIRECTOR  
Name            GRAHAM, RENEE  
Address        2225 NW 170TH TERRACE  
City-State-Zip: MIAMI GARDENS FL 30055

Title            DIRECTOR  
Name            JENKINS, PETER  
Address        7467 NW 18TH DRIVE  
City-State-Zip: PEMBROKE PINES FL 33024

*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:** JESSIDRIA S WILLIAMS

VICE-PRESIDENT

01/26/2023

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

\_\_\_\_\_  
Date