

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N02000004847

FILED
Apr 30, 2003
Secretary of State

Entity Name: FLORIDA ASSOCIATION OF CHRISTIAN ACTIVISTS INC.

Current Principal Place of Business:

343 NW 13TH ST.
BOCA RATON, FL 33432

New Principal Place of Business:

Current Mailing Address:

343 NW 13TH ST.
BOCA RATON, FL 33432

New Mailing Address:

10768 LAKE OAK WAY
BOCA RATON, FL 33498

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FINATAX
1675 NW 4TH AVENUE
APT. 618
BOCA RATON, FL 33432

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BOYKIN, MARK D REV.
Address: 1324 NW 2ND
City-St-Zip: BOCA RATON, FL 33432

Title: EV () Delete
Name: OLSEN, GERARD M REV.
Address: 10768 LAKE OAK WAY
City-St-Zip: BOCA RATON, FL 33498

Title: T () Delete
Name: GOMES, JOAO H
Address: 1675 NW 4TH AVENUE #618
City-St-Zip: BOCA RATON, FL 33432

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BOYKIN, MARK D REV.
Address: 1324 NW 2ND
City-St-Zip: BOCA RATON, FL 33432

Title: VTD (X) Change () Addition
Name: OLSEN, GERARD M REV.
Address: 10768 LAKE OAK WAY
City-St-Zip: BOCA RATON, FL 33498

Title: D (X) Change () Addition
Name: GOMES, JOAO H
Address: 1675 NW 4TH AVENUE #618
City-St-Zip: BOCA RATON, FL 33432

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: REV. GERARD M. OLSEN

VTD

04/30/2003

Electronic Signature of Signing Officer or Director

_____ Date