


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90151 020 ****61.25

DOCUMENT # N02000007855

1. Entity Name
FAITH 2 ACTION 4 EDUCATION, INC.



Principal Place of Business
**4945 SW 34 TERRACE
 FORT LAUDERDALE, FL 33312**

Mailing Address
**P.O. BOX 633
 DANIA BEACH, FL 33004-0633**



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

01112008 Chg-NP CR2E037 (12/06)

4. FEI Number
74-3068193

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
~~LAUDADIO, JOHN A~~
~~210 N UNIVERSITY DRIVE~~
~~SUITE 707~~
~~CORAL SPRINGS, FL 33071~~

7. Name and Address of New Registered Agent
 Name **J.H. ROBERTS**
 Street Address (P.O. Box Number is Not Acceptable)
10800 SW 57 PLACE
 City **DAVIE, FL** Zip Code **33328**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is **\$61.25** Due by **May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to **Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|---|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD FOLGER, JANET L 4945 SOUTHWEST 34TH TERRACE FT LAUDERDALE, FL 333127950 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD CRAMPTON, STEVE 100 PARKGATE DRIVE TUPELO, MS 38801 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD VELAZQUEZ, LISA 43675 JERNIGAN TERRACE LEESBURG, VA 20176 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD MCMILLIN, THOMAS E 3048 CARLY COURT AUBURN HILLS, MI 48326 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition TREASURER J.H. ROBERTS 10800 SW 57 PLACE DAVIE, FL 33328 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DORAN, BILL 5405 WHITE OAK LANE FT. LAUDERDALE, FL 33319 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D VANCURLER, DON 2008 HOGBACK RD, SUITE 6 ANN ARBOR, MI 48105 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: J.H. ROBERTS **J.H. ROBERTS** 4/23/2008 **4/23/2008** 954-434-7317 **954-434-7317**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #