

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007855

FILED  
Apr 21, 2009  
Secretary of State

Entity Name: FAITH 2 ACTION MINISTRIES, INC.

**Current Principal Place of Business:**

4945 SW 34 TERRACE  
FORT LAUDERDALE, FL 33312

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 633  
DANIA BEACH, FL 330040633

**New Mailing Address:**

FEI Number: 74-3068193      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

ROBERT, J H  
10800 SW 57TH PLACE  
DAVIE, FL 33328      US

**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: PD      ( ) Delete  
Name: FOLGER, JANET L  
Address: 4945 SOUTHWEST 34TH TERRACE  
City-St-Zip: FT LAUDERDALE, FL 333127950

Title: VD      ( ) Delete  
Name: CRAMPTON, STEVE  
Address: 100 PARKGATE DRIVE  
City-St-Zip: TUPELO, MS 38801

Title: T      ( ) Delete  
Name: ROBERTS, JH  
Address: 10800 SW ST PLACE  
City-St-Zip: DAVIE, FL 33328

Title: D      ( ) Delete  
Name: DORAN, BILL  
Address: 5405 WHITE OAK LANE  
City-St-Zip: FT. LAUDERDALE, FL 33319

Title: D      ( ) Delete  
Name: VANCURLER, DON  
Address: 2008 HOGBACK RD, SUITE 6  
City-St-Zip: ANN ARBOR, MI 48105

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JH ROBERTS

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

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04/21/2009

\_\_\_\_\_  
Date