

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007855

FILED  
Mar 19, 2012  
Secretary of State

Entity Name: FAITH 2 ACTION MINISTRIES, INC.

**Current Principal Place of Business:**

5461 UNIVERSITY DRIVE  
102  
CORAL SPRINGS, FL 33067

**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  
Name: FOLGER, JANET L  
Address: PO BOX 633  
City-St-Zip: DANIA BEACH, FL 330040633

Title: VD  
Name: STEWART, JANNIQUE  
Address: 2504 NW 49TH TERRACE  
City-St-Zip: COCONUT CREEK, FL 33063

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

Title: D  
Name: SLAGLE, PEYTON  
Address: 7491 SW 18TH ST  
City-St-Zip: PLANTATION, FL 33317

Title: D  
Name: DUNBAR, CYNTHIA  
Address: 1971 UNIVERSITY BOULEVARD  
City-St-Zip: LYNCHBURG, VA 24502

Title: D  
Name: GLESENER, CHRISTIE  
Address: PO BOX 700239  
City-St-Zip: TULSA, OK 74170

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: JOE ROBERTS

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03/19/2012

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

\_\_\_\_\_  
Date