2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008160

Entity Name: FAITH 2 ACTION, INC.

FILED Apr 21, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 4945 SW 34 TR FORT LAUDERDALE, FL 33312 **Current Mailing Address: New Mailing Address:** P.O. BOX 633 DANIA BEACH, FL 330040633 FEI Number: 74-3068189 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ROBERTS, J.H. ROBERTS, JOSEPH H 10800 SW 57 PL 10800 SW 57 PL FORT LAUDERDALE, FL 33328 US FORT LAUDERDALE, FL 33328 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: JOSEPH ROBERTS 04/21/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition FOLGER, JANET L Name: Name: 4945 SOUTHWEST 34TH TERRACE Address: Address: City-St-Zip: FORT LAUDERDALE, FL 333127950 City-St-Zip: Title: VD () Delete Title: () Change () Addition VANCURLER, DON Name: Name: Address: 2008 HOGBACK RD. SUITE 6 Address: City-St-Zip: ANN ARBOR, MI 48105 City-St-Zip: Title: () Delete Title: () Change () Addition ROBERTS, J.H. Name: Name: Address: 10800 SW 57 PL Address: City-St-Zip: FORT LAUDERDALE, FL 33328 City-St-Zip: Title: TD () Delete Title: () Change () Addition Name: MCMILLIN, THOMAS E Name: Address: 3048 CARLY COURT Address: City-St-Zip: AUBURN HILLS, MI 48326 City-St-Zip: Title: () Delete Title: () Change () Addition DORAN, BILL Name: Name: 5405 WHITE OAK LANE Address: Address: City-St-Zip: FT. LAUDERDALE, FL 33319 City-St-Zip: Title: () Delete Title: () Change () Addition DEMARCO, ALLISON Name: Name: Address: 7393 E. COUNTRY CLUB BLVD Address: BOCA RATON, FL 33487 City-St-Zip: 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: JOSEPH ROBERTS T 04/21/2009