


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Aug 11 1997 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N23024 (5)

1. Corporation Name
FAITH IN ACTION, INC.



Principal Place of Business P. O. BOX 300167 FERN PARK FL 32730 US	Mailing Address P. O. BOX 300167 FERN PARK FL 32730 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/14/1987	3a. Date of Last Report 07/31/1996
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2. Principal Place of Business 21 P.O. Box 607476 Suite, Apt. #, etc. 22	2a. Mailing Address 26 P.O. Box 607476 Suite, Apt. #, etc. 27
23 Orlando FL City & State 24 32860-7476 25 US Zip Country	28 Orlando FL City & State 29 32860-7476 30 US Zip Country

4. FEI Number 59-2849609	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

BEENE, JOHN MICHAEL
6919 PLYMOUTH SORRENTO RD.
APOPKA FL 32712

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	BEENE, JOHN MICHAEL
STREET ADDRESS	6919 PLYMOUTH SORRENTO RD
CITY-ST-ZIP	APOPKA FL
TITLE	D <input type="checkbox"/> DELETE
NAME	BEENE, ROXANNE THERESE
STREET ADDRESS	6919 PLYMOUTH SORRENTO RD
CITY-ST-ZIP	APOPKA FL
TITLE	ST <input type="checkbox"/> DELETE
NAME	DUMEE, BILL
STREET ADDRESS	1563 ELF STONE DR.
CITY-ST-ZIP	CASSLEBERRY FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	ST Sheryl Peterson
4.3 STREET ADDRESS	7626 Compass Dr.
4.4 CITY-ST-ZIP	Orlando FL 32810
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	D Brian Peterson
5.3 STREET ADDRESS	7626 Compass Dr.
5.4 CITY-ST-ZIP	Orlando FL 32810
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE _____ DATE _____

CR2E037 (4/97)