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Apr 22, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N23024

1. Corporation Name
FAITH IN ACTION, INC.

Principal Place of Business P O BOX 607476 ORLANDO FL 32860-7476 US	Mailing Address P O BOX 607476 ORLANDO FL 32860-7476 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 10/14/1987
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2849609 Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D <input type="checkbox"/> DELETE	BEENE, JOHN MICHAEL	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	6919 PLYMOUTH SORRENTO RD	1.2 NAME	
STREET ADDRESS	APOPKA FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE D <input type="checkbox"/> DELETE	BEENE, ROXANNE THERESE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	6919 PLYMOUTH SORRENTO RD	2.2 NAME	
STREET ADDRESS	APOPKA FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE D <input type="checkbox"/> DELETE	DUMEE, BILL	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	1563 ELF STONE DR.	3.2 NAME	
STREET ADDRESS	CASSLEBERRY FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE ST <input type="checkbox"/> DELETE	PETERSON, SHERYL	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	7626 COMPASS DR	4.2 NAME	
STREET ADDRESS	ORLANDO FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE D <input type="checkbox"/> DELETE	PETERSON, BRIAN	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	7626 COMPASS DR	5.2 NAME	
STREET ADDRESS	ORLANDO FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: Sheryl Peterson **SIGNATURE REQUIRED** Sheryl Peterson 4/5/99 407-292-6007
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/1/98)