

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N23024

1. Entity Name

FAITH IN ACTION, INC.

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90111 050 ****61.25

Principal Place of Business	Mailing Address
P O BOX 607476 ORLANDO FL 32860-7476 US	P O BOX 607476 ORLANDO FL 32860-7476 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number	Applied For
59-2849609	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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

FILE NOW: FEF IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	BEENE, JOHN MICHAEL	6919 PLYMOUTH SORRENTO RD	APOPKA FL	<input type="checkbox"/>
D	BEENE, ROXANNE THERESE	6919 PLYMOUTH SORRENTO RD	APOPKA FL	<input type="checkbox"/>
D	DUMEE, BILL	1563 ELF STONE DR.	CASSLEBERRY FL	<input type="checkbox"/>
ST	PETERSON, SHERYL	7626 COMPASS DR	ORLANDO FL	<input type="checkbox"/>
D	PETERSON, BRIAN	7626 COMPASS DR	ORLANDO FL	<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input checked="" type="checkbox"/>	<input type="checkbox"/>
		9500 Southern Garden Cir	Altamonte Springs FL 32714	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		9500 Southern Garden Cir.	Altamonte Springs FL 32714	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Sheryl Peterson 2-29-00 407-445-3536
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)