

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90242 031 \*\*\*\*61.25

**DOCUMENT # N23024**

1. Entity Name

**FAITH IN ACTION, INC.**

Principal Place of Business

Mailing Address

P O BOX 607476  
 ORLANDO FL 32860-7476  
 US

P O BOX 607476  
 ORLANDO FL 32860-7476  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2849609**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
D	BEENE, JOHN MICHAEL	6919 PLYMOUTH SORRENTO RD	APOPKA FL				
D	BEENE, ROXANNE THERESE	6919 PLYMOUTH SORRENTO RD	APOPKA FL				
D	DUMEE, BILL	1563 ELF STONE DR.	CASSLEBERRY FL				
ST	PETERSON, SHERYL	9500 SOUTHERN GARDEN CIR	ALTAMONTE SPRINGS FL 32714				
D	PETERSON, BRIAN	9500 SOUTHERN GARDEN CIR	ALTAMONTE SPRINGS FL 32714				

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 Sheryl Peterson 4-26-02 407-445-3536

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)