

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23024

FILED  
Feb 01, 2005  
Secretary of State

Entity Name: FAITH IN ACTION, INC.

**Current Principal Place of Business:**

P O BOX 607476  
ORLANDO, FL 328607476 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 607476  
ORLANDO, FL 328607476 US

**New Mailing Address:**

FEI Number: 59-2849609

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PETERSON, SHERYL L  
9500 SOUTHERN GARDEN CIRCLE  
ALTAMONTE SPRINGS, FL 32714 US

**Name and Address of New Registered Agent:**

PARKER, HAZEL J  
4118 GREENFERN DRIVE  
ORLANDO, FL 32810 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: HAZEL J PARKER

02/01/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: BEENE, JOHN M  
Address: 6919 PLYMOUTH SORRENTO RD  
City-St-Zip: APOPKA, FL 32712 US

Title: D ( ) Delete  
Name: BEENE, ROXANNE T  
Address: 6919 PLYMOUTH SORRENTO RD  
City-St-Zip: APOPKA, FL 32714 US

Title: ST ( ) Delete  
Name: PETERSON, SHERYL L  
Address: 9500 SOUTHERN GARDEN CIR  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

Title: D (X) Delete  
Name: PETERSON, BRIAN L  
Address: 9500 SOUTHERN GARDEN CIR  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: BEENE, ROXANNE T  
Address: 6919 PLYMOUTH SORRENTO RD  
City-St-Zip: APOPKA, FL 32712 US

Title: ST (X) Change ( ) Addition  
Name: PARKER, REUBEN R  
Address: 1105 CARBONE WAY  
City-St-Zip: APOPKA, FL 32703 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: HAZEL J PARKER

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02/01/2005

Electronic Signature of Signing Officer or Director

Date