2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23024

Entity Name: FAITH IN ACTION, INC.

FILED Feb 11, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

6919 PLYMOUTH SORRENTO RD. 3105 RIACHUELO LANE ORLANDO, FL 328607476 US KISSIMMEE, FL 34744 US

Current Mailing Address: New Mailing Address:

P O BOX 607476 P O BOX 451346

ORLANDO, FL 328607476 US KISSIMMEE, FL 34745-134 US

FEI Number: 59-2849609 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

PARKER, HAZEL J

4118 GREENFERN DRIVE

ORLANDO, FL 32810 US

BEENE, TIFFANY J

3105 RIACHUELO LN

KISSIMMEE, FL 34744 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: TIFFANY BEENE 02/11/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: D () Delete Title: PRES (X) Change () Addition

 Name:
 BEENE, JOHN M
 Name:
 BEENE, JOHN M

 Address:
 6919 PLYMOUTH SORRENTO RD
 Address:
 3105 RIACHUELO LANE

City-St-Zip: APOPKA, FL 32712 US Address: S103 KIACHOELO LANE

Title: D () Delete Title: VICE (X) Change () Addition Name: BEENE, ROXANNE T Name: BEENE, ROXANNE T

Address: 6919 PLYMOUTH SORRENTO RD Address: 3105 RIACHUELO LANE
City-St-Zip: APOPKA, FL 32712 US City-St-Zip: KISSIMMEE, FL 34744 US

Title: ST () Delete Title: SEC (X) Change () Addition Name: PARKER, REUBEN R Name: PARKER, REUBEN R

Address: 1105 CARBONE WAY Address: 1105 CARBONE WAY
City-St-Zip: APOPKA, FL 32703 US City-St-Zip: APOPKA, FL 32703 US

Title: () Delete Title: T () Change (X) Addition

 Name:
 Name:
 BEENE, TIFFANY A

 Address:
 Address:
 3105 RIACHUELO LANE

 City-St-Zip:
 City-St-Zip:
 KISSIMMEE, FL 34744

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: MICHAEL BEENE PRES 02/11/2008