

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23024

FILED
Jun 15, 2009
Secretary of State

Entity Name: FAITH IN ACTION, INC.

Current Principal Place of Business:

3105 RIACHUELO LANE
KISSIMMEE, FL 34744 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 451346
KISSIMMEE, FL 34745 US

New Mailing Address:

FEI Number: 59-2849609 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BEENE, TIFFANY J
3105 RIACHUELO LN
KISSIMMEE, FL 34744 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: BEENE, JOHN M
Address: 3105 RIACHUELO LANE
City-St-Zip: KISSIMMEE, FL 34744 US

Title: VICE () Delete
Name: BEENE, ROXANNE T
Address: 3105 RIACHUELO LANE
City-St-Zip: KISSIMMEE, FL 34744 US

Title: SEC () Delete
Name: PARKER, REUBEN R
Address: 1105 CARBONE WAY
City-St-Zip: APOPKA, FL 32703 US

Title: T () Delete
Name: BEENE, TIFFANY A
Address: 3105 RIACHUELO LANE
City-St-Zip: KISSIMMEE, FL 34744

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: JOHN M BEENE

PRES

06/15/2009

Electronic Signature of Signing Officer or Director

_____ Date