

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N23024

FILED
May 02, 2003
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:

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

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

Title: D (X) Delete
Name: DUMEE, BILL
Address: 1563 ELF STONE DR.
City-St-Zip: CASSLEBERRY, FL

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

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

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:

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: SHERYL PETERSON

ST

05/02/2003

Electronic Signature of Signing Officer or Director

Date