2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23024

Entity Name: FAITH IN ACTION, INC.

Current Principal Place of Business:

KISSIMMEE, FL 34744

3105 RIACHUELO LANE

FILED Jan 31, 2023 **Secretary of State** 1377258954CC

Current Mailing Address:

P O BOX 451346

KISSIMMEE. FL 34745 US

FEI Number: 59-2849609 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PHILLIPS, KAYLA M 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: KAYLA M PHILLIPS 01/31/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title **PRES** Title VICE

PHILLIPS, MICHAEL JARED BEENE, ROXANNE T Name Name 3107 SANGRIA ST. 3105 RIACHUELO LANE Address Address City-State-Zip: KISSIMMEE FL 34744 KISSIMMEE FL 34744 City-State-Zip:

Title Т Title SEC

Name PHILLIPS, KAYLA M JAMES, MCHENRY R DR. Name Address 3105 RIACHUELO LANE Address 515 JENER PLACE KISSIMMEE FL 34744 City-State-Zip: City-State-Zip: PLYMOUTH MI 48170-1540

Title **ADVISOR** Title ASST. TREASURER

Name SHANNON, TAMARAS Name MCHENRY, KIM Address 333 WEST 57TH. ST Address 515 JENER PL

STE. 810

PLYMOUTH MI 48170 City-State-Zip: City-State-Zip: NEW YORK NY 10019

Title **CHAIRMAN** Title **ADVISOR**

BEENE, JOHN MICHAEL Name BEENE, TRAVIS WESTLEY Name

Address P O BOX 451346 Address 306 LAWNVIEW DR.

#305 KISSIMMEE FL 34745 City-State-Zip:

> City-State-Zip: LAKELAND FL 33801

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I hereby 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 all other like empowered.

01/31/2023 SIGNATURE: JOHN BEENE **CHAIRMAN**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title ADVISOR Title ADVISOR

Name CASSIDY, CHELSEA ELIZABETH Name CASSIDY, JORDAN

Address 320 RUE DE LA FRUITIERE Address 320 RUE DE LA FRUITIERE

City-State-Zip: CESSY CESSY 01170 City-State-Zip: CESSY CESSY 01170