## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 721867** 

FILED Apr 24, 2009 Secretary of State

Entity Name: THE FELLOWSHIP OF CHRISTIANS IN ACTION, INC.

Current Principal Place of Business:				New Prince	New Principal Place of Business:			
8700 RIDG PH-11A	EWOOD AVE	ENUE						
	IAVERAL, FL	32920	US					
Current Mailing Address:				New Maili	New Mailing Address:			
	EWOOD AVE	ENUE						
PH-11A CAPE CAN	JAVERAL, FL	32920	US					
FEI Number:	23-7124986	FEI Nur	nber Applied For()	FEI Number Not App	licable ( )	Certificate of	f Status Desired (X)	
Name and	Address of (	Current F	Registered Agent:	Name and	Address of N	lew Registe	ered Agent:	
PH-11A	ARY F EWOOD AVE JAVERAL, FL		JS					
	named entity of Florida.	submits t	his statement for the pu	rpose of changing	its registered o	office or regis	stered agent, or both,	
SIGNATUR								
	Electro	nic Signat	ure of Registered Ager			Date		
OFFICERS AND DIRECTORS:				ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PD ( LYON, JOHN F 8 POINT VIEW COCOA, FL 3	PLACE		Title: Name: Address: City-St-Zip:	( )	) Change()A	ddition	
Title: Name: Address: City-St-Zip:	SD ( LARGE, GARY 8700 RIDGEW CAPE CANAVE	OOD AVE	2920	Title: Name: Address: City-St-Zip:	( )	) Change()A	ddition	
Title: Name: Address: City-St-Zip:	D ( BURKETT, KE' 1701 S. MILLS ORLANDO, FL	AVE.		Title: Name: Address: City-St-Zip:	( )	) Change()A	ddition	
Title: Name: Address: City-St-Zip:	D ( MARTINEZ, RA PO BOX 753, ORLANDO, FL	108 EW CE	NTRAL BLVD	Title: Name: Address: City-St-Zip:	( )	) Change()A	ddition	
Title: Name: Address: City-St-Zip:	D ( GILLOOLY, JA 4 LAKE IRMA I ORLANDO, FL	POINTE DR	IVE	Title: Name: Address: City-St-Zip:	D (X GILLOOLY, JO 1160 MAYFIEL WINTER PARK	D AVE	ddition	
Title: Name: Address: City-St-Zip:	(	) Delete		Title: Name: Address: City-St-Zip:	D ( ) GILLOOLY, ED 7009 FLATS RO TALLASSEE, TI	OAD	ddition	
l b b		. <b></b>	s cumplied with this filing				Nh anton 440	

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: GARY F. LARGE SD 04/24/2009