

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003263

FILED
Jul 12, 2006
Secretary of State

Entity Name: FIGHTING AGAINST INJUSTICE TOWARDS HARMONY INC.

Current Principal Place of Business:

219 MAGNOLIA AVE
DAYTONA BEACH, FL 32114

New Principal Place of Business:

Current Mailing Address:

P O BOX 164
DAYTONA BEACH, FL 32115

New Mailing Address:

FEI Number: 59-3664324 **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:

LONG, JOHN REV.III
1090 GEORGE ENGRAM BLVD.
DAYTONA BEACH, FL 32114 US

Name and Address of New Registered Agent:

BOND, KATHALEEN
1428 N. HALIFAX AVENUE
DAYTONA BEACH, FL 32118 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: KATHALEEN P. BOND

07/12/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MOLE, JACKIE
Address: 792 SUGAR CANE LANE
City-St-Zip: PORT ORANGE, FL 32119

Title: D () Delete
Name: SMALL, EMILY
Address: 219 MAGNOLIA AVE
City-St-Zip: DAYTONA BEACH, FL 32114

Title: T () Delete
Name: SMITH, WILLA-MARIE
Address: 442 S. PALMETTO AVENUE
City-St-Zip: DAYTONA BEACH, FL 32114

Title: S () Delete
Name: TROXLER, DAVID
Address: 326 S. PALMETTO AVE.
City-St-Zip: DAYTONA BEACH, FL 32114

Title: V () Delete
Name: EGITTO, PHILLIP
Address: 201 UNIVERSITY BLVD.
City-St-Zip: DAYTONA BEACH, FL 32118

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BOND, KATHALEEN
Address: 1428 N. HALIFAX AVENUE
City-St-Zip: DAYTONA BEACH, FL 32118

Title: D (X) Change () Addition
Name: UTECHT, SHAWN
Address: 219 MAGNOLIA AVE
City-St-Zip: DAYTONA BEACH, FL 32114

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 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: SHAWN UTECHT

D

07/12/2006

Electronic Signature of Signing Officer or Director

Date