

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000004826

FILED  
May 01, 2002 8:00 AM  
Secretary of State

**Entity Name:** FAITH "N" ACTION MINISTRIES, INC.

## Current Principal Place of Business:

2809 ART MUSEUM DR.  
JACKSONVILLE, FL 32207

## New Principal Place of Business:

## Current Mailing Address:

2809 ART MUSEUM DR.  
JACKSONVILLE, FL 32207

## New Mailing Address:

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

## Name and Address of Current Registered Agent:

COHEN, MARVIN R JR.  
5170 COLLINS RD., APT. #1301  
JACKSONVILLE, FL 32244    US

## Name and Address of New Registered Agent:

COHEN, MARVIN R JR.  
8027 MACTAVISH WAY WEST  
JACKSONVILLE, FL 32244    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: MARVIN R COHEN JR

05/01/2002

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D                      ( ) Delete  
Name: COHEN, MARVIN R JR.  
Address: 5170 COLLINS RD., APT. #1301  
City-St-Zip: JACKSONVILLE, FL 32244

Title: D                      ( ) Delete  
Name: COHEN, REGINA A  
Address: 5170 COLLINS RD., APT. #1301  
City-St-Zip: JACKSONVILLE, FL 32244

Title: D                      ( ) Delete  
Name: ALSTON, JERRY  
Address: 11050 HARTS RD., APT. #307  
City-St-Zip: JACKSONVILLE, FL 32218

Title: D                      ( ) Delete  
Name: PETERSON, STEVE SR.  
Address: 6650 103RD ST., APT. #307  
City-St-Zip: JACKSONVILLE, FL 32218

Title: D                      ( ) Delete  
Name: LEWIS, ISACC  
Address: 7105 MATTHEWS ST.  
City-St-Zip: JACKSONVILLE, FL 32210

Title: D                      ( ) Delete  
Name: LEWIS, ROBIN  
Address: 7105 MATTHEWS ST.  
City-St-Zip: JACKSONVILLE, FL 32210

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D                      (X) Change ( ) Addition  
Name: HARRIS, CHERISE  
Address: 311 WEST ASHLEY ST APT 702  
City-St-Zip: JACKSONVILLE, FL 32202

Title: M                      (X) Change ( ) Addition  
Name: HARRIS, MICHAEL  
Address: 311 WEST ASHLEY ST APT 702  
City-St-Zip: JACKSONVILLE, FL 32202

Title: M                      (X) Change ( ) Addition  
Name: WHYMS, DAVID  
Address: 2628 MALIBU CIR  
City-St-Zip: JACKSONVILLE, FL 32065

Title: D                      (X) Change ( ) Addition  
Name: WHYMS, DIANNE  
Address: 2628 MALIBU CIR  
City-St-Zip: JACKSONVILLE, FL 32065

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: MARVIN R COHEN JR

M

05/01/2002

Electronic Signature of Signing Officer or Director

Date