2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2005
Secretary of State

DOCUMENT# N01000004826

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

Current Principal Place of Business:

5417 LENOX AVENUE
JACKSONVILLE, FL 32205

New Principal Place of Business:

Current Mailing Address:

PO BOX 37451
JACKSONVILLE, FL 322367451

New Mailing Address:

FEI Number: 59-3711506 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COHEN, MARVIN R JR.
8027 MACTAVISH WAY WEST
JACKSONVILLE, FL 32244 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: COHEN, MARVIN R JR
Address: 8027 MACTAVISH WAY W
City-St-Zip: JACKSONVILLE, FL 32244

Title: O ( ) Delete
Name: COHEN, REGINA A
Address: 8027 MACTAVISH WAY W
City-St-Zip: JACKSONVILLE, FL 32244

Title: O ( ) Delete
Name: HARRIS, MICHAEL
Address: 311 WEST ASHLEY ST APT 702
City-St-Zip: JACKSONVILLE, FL 32202

Title: D ( ) Delete
Name: WHITE, CRYSTAL J
Address: 2475 PARIS MILL RD
City-St-Zip: JACKSONVILLE, FL 32221

Title: D (X) Delete
Name: SYLVESTER, LORENZA
Address: 7190 N EUDINE DR
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: ( ) 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: MARVIN R COHEN, JR D 01/29/2005

Electronic Signature of Signing Officer or Director — Date