

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jul 10, 2007
Secretary of State

DOCUMENT# N01000004826

Entity Name: FAITH "N" ACTION MINISTRIES, INC.**Current Principal Place of Business:**2001 ERNEST ST
JACKSONVILLE, FL 32204**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.
7357 IRONSIDE DR E
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: 7357 IRONSIDE DR E
City-St-Zip: JACKSONVILLE, FL 32244

Title: O () Delete
Name: COHEN, REGINA A
Address: 7357 IRONSIDE DR E
City-St-Zip: JACKSONVILLE, FL 32244

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

Title: O () Delete
Name: DUBOSE, HENRY
Address: 4412 DEERVALLEY DR
City-St-Zip: JACKSONVILLE, FL 32210

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

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: O () Change (X) Addition
Name: BUTLER, CARLOS
Address: P.O. BOX 20015
City-St-Zip: TALLAHASSEE, FL 32304

Title: O () Change (X) Addition
Name: BULER, KIMBERLY
Address: P.O. BOX 20015
City-St-Zip: TALLAHASSEE, FL 32304

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: CRYSTAL WHITE

O

07/10/2007

Electronic Signature of Signing Officer or Director

Date