

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004826

FILED
Mar 21, 2009
Secretary of State

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.
2001 ERNEST ST
JACKSONVILLE, FL 32204 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: P.O. BOX 37451
City-St-Zip: JACKSONVILLE, FL 32236

Title: O () Delete
Name: COHEN, REGINA A
Address: P.O. BOX 37451
City-St-Zip: JACKSONVILLE, FL 32236

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: O (X) Change () Addition
Name: DUBOSE, CONNIE W
Address: 4412 DEERVALLEY DR
City-St-Zip: JACKSONVILLE, FL 32210

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

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

Title: O (X) Change () Addition
Name: GREEN, VERONICA
Address: 1591 S. LANE AVE #15H
City-St-Zip: TALLAHASSEE, FL 32210

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

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: MARVIN R. COHEN, JR

D

03/21/2009

Electronic Signature of Signing Officer or Director

Date