


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 06, 2003 8:00 am**  
**Secretary of State**

06-06-2003 90043 037 \*\*\*\*61.25

**DOCUMENT # N02000002323**

1. Entity Name  
**FAITH IN ACTION OUTREACH MINISTRIES, INC.**



Principal Place of Business      Mailing Address

**P.O. BOX 31752**      **P.O. BOX 31752**  
**PALM BEACH FL 33420**      **PALM BEACH FL 33420**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



CHECK HERE IF MAKING CHANGES

4. FEI Number      Applied For

**03-0415532**      Not Applicable

5. Certificate of Status Desired       **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**CORPORATE CREATIONS NETWORK INC.**  
**941 FOURTH STREET #200**  
**MIAMI BEACH FL 33139**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City      **FL**      Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>RUSSELL, CASSANDRA E</b>	
STREET ADDRESS	<b>P.O. BOX 31752</b>	
CITY-ST-ZIP	<b>PALM BEACH FL 33420</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>RUSSELL, MATTHEW C</b>	
STREET ADDRESS	<b>P.O. BOX 31752</b>	
CITY-ST-ZIP	<b>PALM BEACH FL 33420</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>RUSSELL, MATTHEW H.C.</b>	
STREET ADDRESS	<b>P.O. BOX 31752</b>	
CITY-ST-ZIP	<b>PALM BEACH FL 33420</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Cassandra E Russell, Director*      **4-30-03**      **561-285-1595**

CR2E037 (10/02)