



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90151 020 ****61.25

DOCUMENT # N02000007855 1. Entity Name FAITH 2 ACTION 4 EDUCATION, INC.					
Principal Place of Business 4945 SW 34 TERRACE FORT LAUDERDALE, FL 33312			Mailing Address P.O. BOX 633 DANIA BEACH, FL 33004-0633		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		01112008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 74-3068193	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent DAUDADIO, JOHN A 210 N UNIVERSITY DRIVE SUITE 707 CORAL SPRINGS, FL 33071			7. Name and Address of New Registered Agent Name J.H. ROBERTS Street Address (P.O. Box Number is Not Acceptable) 10800 SW 57 PLACE City DAVIE, FL Zip Code 33328		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FOLGER, JANET L 4945 SOUTHWEST 34TH TERRACE FT LAUDERDALE, FL 333127950	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CRAMPTON, STEVE 100 PARKGATE DRIVE TUPELO, MS 38801	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VELAZQUEZ, LISA 43675 JERNIGAN TERRACE LEESBURG, VA 20176	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MCMILLIN, THOMAS E 3048 CARLY COURT AUBURN HILLS, MI 48326	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DORAN, BILL 5405 WHITE OAK LANE FT. LAUDERDALE, FL 33319	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VANCURLER, DON 2008 HOGBACK RD, SUITE 6 ANN ARBOR, MI 48105	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER J.H. ROBERTS 10800 SW 57 PLACE DAVIE, FL 33328				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>J.H. ROBERTS</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/23/2008 <small>Date</small>		954-434-7317 <small>Daytime Phone #</small>