

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.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

01112008 Chg-NP CR2E037 (12/06)

4. FEI Number
74-3068193

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

~~LAUDADIO, 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008

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	PD	<input type="checkbox"/> Delete
NAME	FOLGER, JANET L	
STREET ADDRESS	4945 SOUTHWEST 34TH TERRACE	
CITY-ST-ZIP	FT LAUDERDALE, FL 333127950	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CRAMPTON, STEVE	
STREET ADDRESS	100 PARKGATE DRIVE	
CITY-ST-ZIP	TUPELO, MS 38801	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	VELAZQUEZ, LISA	
STREET ADDRESS	43675 JERNIGAN TERRACE	
CITY-ST-ZIP	LEESBURG, VA 20176	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	MCMILLIN, THOMAS E	
STREET ADDRESS	3048 CARLY COURT	
CITY-ST-ZIP	AUBURN HILLS, MI 48326	
TITLE	D	<input type="checkbox"/> Delete
NAME	DORAN, BILL	
STREET ADDRESS	5405 WHITE OAK LANE	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33319	
TITLE	D	<input type="checkbox"/> Delete
NAME	VANCURLER, DON	
STREET ADDRESS	2008 HOGBACK RD, SUITE 6	
CITY-ST-ZIP	ANN ARBOR, MI 48105	

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
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STREET ADDRESS		
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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		

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: J.H. Roberts **J.H. ROBERTS** 4/23/2008 954-434-7317

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #