



# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-25-2008 90151 022 \*\*\*\*61.25

<b>DOCUMENT # N02000008160</b> 1. Entity Name <b>FAITH 2 ACTION, INC.</b>					
Principal Place of Business 4945 SW 34 TR 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 <b>74-3068189</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> <del>LAUDADIO, JOHN A</del> <del>210 N UNIVERSITY DRIVE</del> <del>SUITE 707</del> <del>CORAL SPRINGS, FL 33071</del>			<b>7. Name and Address of New Registered Agent</b> Name <b>J. H. ROBERTS</b> Street Address (P.O. Box Number is Not Acceptable) <b>10800 SW 57 PLACE</b> City <b>DAVIE</b> <b>FL</b> Zip Code <b>33328</b>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing <input type="checkbox"/> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b> <b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FOLGER, JANET L 4945 SOUTHWEST 34TH TERRACE FORT LAUDERDALE, FL 333127950	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VANCURLER, DON 2008 HOGBACK RD, SUITE 6 ANN ARBOR, MI 48105	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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	TREASURER <b>J. H. ROBERTS</b> <b>10800 SW 57 PLACE</b> <b>DAVIE, FL 33328</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD MCMILLIN, THOMAS E 3048 CARLY COURT AUBURN HILLS, MI 48326	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEMARCO, ALLISON 7393 E. COUNTRY CLUB BLVD BOCA RATON, FL 33487	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> <u>J. H. ROBERTS</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/23/2008    954-434-7317 <small>Date                      Daytime Phone #</small>		