

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000433

FILED
Mar 23, 2005
Secretary of State

Entity Name: FAITH IN ACTION COMMUNITY DEVELOPMENT OUTREACH, INC.

Current Principal Place of Business:

437 NE 14 AVE
BOYNTON BEACH, FL 33435

New Principal Place of Business:

Current Mailing Address:

437 NE 14 AVE
BOYNTON BEACH, FL 33435

New Mailing Address:

FEI Number: 33-1041971

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, WILLIE C JR
437 NE 14 AVE
BOYNTON BEACH, FL 33435 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: ED () Delete
Name: SMITH, WILLIE C JR
Address: 437 NE 14 AVE
City-St-Zip: BOYNTON BEACH, FL 33435

Title: PD () Delete
Name: SMITH, MARY ANN
Address: 437 NE 14 AVE
City-St-Zip: BOYNTON BEACH, FL 33435

Title: SD () Delete
Name: BROWN, PRISCILLA
Address: 136 SE 14 AVE
City-St-Zip: BOYNTON BEACH, FL 33435

Title: T () Delete
Name: NEWTON, ANGELA
Address: 1601 NE 33 ST
City-St-Zip: POMPANO BEACH, FL 33064

Title: C () Delete
Name: SMITH, LAKEYSHA
Address: 2206 MAHOGANY BAY DR
City-St-Zip: BOYNTON BEACH, FL 33436

Title: C () Delete
Name: LEE, ARTHUR
Address: 136 SE 13 AVE
City-St-Zip: BOYNTON BEACH, FL 33435

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: PRISCILLA BROWN

SD

03/23/2005

Electronic Signature of Signing Officer or Director

Date