

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90130 050 ****61.25

DOCUMENT # N03000004024 1. Entity Name FAITH MINISTRIES IN ACTION, INC.			
Principal Place of Business 780 ROSTOCK CIRCLE NW PALM BAY FL 32907		Mailing Address 780 ROSTOCK CIRCLE NW PALM BAY FL 32907	
2. Principal Place of Business 2510 S. Hopkins Ave. Suite, Apt. #, etc.		3. Mailing Address 780 Rostock Circle NW Suite, Apt. #, etc.	
City & State Titusville, FL.		City & State Palm Bay, FL.	
Zip 32780		Zip 32907	
Country BERMUDA		Country BERMUDA	
6. Name and Address of Current Registered Agent JOHNSON, EUGENE A 780 ROSTOCK CIRCLE NW PALM BAY FL 32907		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 <u>Eugene A. Johnson - PD</u> 4/13/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <small>DATE</small>			
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		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 JOHNSON, EUGENE A 780 ROSTOCK CIRCLE NW PALM BAY FL 32907	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JOHNSON, MAMIE D 780 ROSTOCK CIRCLE NW PALM BAY FL 32907	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CONEY, KIMBERLY 844 GILLEN AVENUE NW PALM BAY FL 32907	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 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: <u>Eugene A. Johnson</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>4/13/04</u> Daytime Phone # <u>321-480-8866</u>	