

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 08:00 AM
Secretary of State

DOCUMENT # N03000004024

1. Entity Name
FAITH MINISTRIES IN ACTION, INC.



Principal Place of Business
**2510 S HOPKINS AVE.
TITUSVILLE, FL 32780**

Mailing Address
**780 ROSTOCK CIRCLE NW
PALM BAY, FL 32907**



02252005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
05-0569958

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**JOHNSON, EUGENE A
780 ROSTOCK CIRCLE NW
PALM BAY, FL 32907**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	JOHNSON, EUGENE A
STREET ADDRESS	780 ROSTOCK CIRCLE NW
CITY-ST-ZIP	PALM BAY, FL 32907
TITLE	TD
NAME	JOHNSON, MAMIE D
STREET ADDRESS	780 ROSTOCK CIRCLE NW
CITY-ST-ZIP	PALM BAY, FL 32907
TITLE	SD
NAME	CONEY, KIMBERLY
STREET ADDRESS	844 GILLEN AVENUE NW
CITY-ST-ZIP	PALM BAY, FL 32907
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/28/05 08:00 AM

**DO NOT WRITE
IN THIS SPACE**

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

Eugene A. Johnson **Eugene A. Johnson**

Date

2/25/05 321-954474

Daytime Phone #