


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90323 039 \*\*\*\*61.25

<b>DOCUMENT # N05000003020</b> 1. Entity Name <b>FAITH AND ACTION FOR STRENGTH TOGETHER INC.</b>					
Principal Place of Business <b>5800 15TH AVE S GULFPORT, FL 33707</b>			Mailing Address <b>5800 15TH AVE S GULFPORT, FL 33707</b>		
2. Principal Place of Business <b>P.O. Box 10421</b> Suite, Apt. #, etc.		3. Mailing Address <b>P.O. Box 10421</b> Suite, Apt. #, etc.			
City & State <b>St. Petersburg FL</b>		City & State <b>St. Petersburg FL</b>		4. FEI Number <b>20-2058779</b>	
Zip <b>33733</b>		Country <b>Pinellas</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SCHNEIDER, BOB 2405 PHILIPPE PARKWAY SAFETY HARBOR, FL 34695</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing 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	<b>C</b> <b>SCHNEIDER, BOB</b> <b>2405 PHILIPPE PEKW</b> <b>SAFETY HARBOR, FL 34695</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>SANTO, ESPIRITU</b> <b>2405 PHILIPPE PRKW</b> <b>SAFETY HARBOR, FL 34695</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VC</b> <b>Manuel Sykes</b> <b>2901 54 Ave S.</b> <b>St. Petersburg FL 33712</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WILLIAMS, CLARENCE</b> <b>919 20TH STREET S</b> <b>ST PETERSBURG, FL 33712</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>Gladi McCurtain</b> <b>1476 S. Belcher Rd</b> <b>Clearwater FL 33764</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VC</b> <b>MCCLENDON, WILLIE</b> <b>12720 118TH ST</b> <b>N LARGO, FL 33778</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>DIAZ, JOE</b> <b>3200 N MCMULLEN BOTH RD</b> <b>CLEARWATER, FL 33761</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>MARTIN, BILL</b> <b>4400 SHORE ACRES BLVD NE</b> <b>ST PETERSBURG, FL 33703</b>		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>Gladi R. McCurtain</u>			Date <u>4/26/06</u> Daytime Phone # <u>727-531-6020</u>		