

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 10, 2006 8:00 am**  
**Secretary of State**

02-10-2006 90026 004 \*\*\*\*70.00

<b>DOCUMENT # N0500005740</b> 1. Entity Name <b>FAITH IN ACTION/NORTH LAKELAND, INC.</b>					
Principal Place of Business <b>310 HEATHERPOINT DRIVE LAKELAND, FL 33809</b>			Mailing Address <b>310 HEATHERPOINT DRIVE LAKELAND, FL 33809</b>		
2. Principal Place of Business <b>1123 omahundra Ave</b> Suite, Apt. #, etc. <b>Lakeland Florida</b> City & State		3. Mailing Address <b>1123 omahundra Ave</b> Suite, Apt. #, etc. <b>Lakeland Florida</b> City & State			
Zip <b>33805</b> Country <b>POIK</b>		Zip <b>33805</b> Country <b>POIK</b>		4. FEI Number <b>84-1669996</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>MCMILLON, MILDRED S 310 HEATHERPOINT DRIVE LAKELAND, FL 33809</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <div style="text-align: center; font-size: 1.5em;">N/A</div> 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 <u>Mildred S. McMillon</u> <u>Mildred S. McMillon</u> <u>02-07-06</u> <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 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>	
Make check payable to <b>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 MCMILLON, MILDRED S 310 HEATHERPOINT DRIVE LAKELAND, FL 33809	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SHARP, RALPH 636 CANDYCE AVENUE LAKELAND, FL 33805	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD OLDHAM, CHARLES 1537 KETTLES AVENUE LAKELAND, FL 33805	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BRYANT, MYRA J 606 EAST VALENCIA AVENUE LAKELAND, FL 33805	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, SALLY 932 WEST 2ND STREET LAKELAND, FL 33805	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;"> <input type="checkbox"/> Delete         </div>	<div style="text-align: center;"> <input type="checkbox"/> Delete         </div>			
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>Mildred S. McMillon</u> <u>Mildred S. McMillon</u> <u>02-2-06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					