## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## Apr 18, 2007 8:00 am Secretary of State **DOCUMENT # N05000005740** 04-18-2007 90195 044 \*\*\*\*70.00 FAITH IN ACTION/NORTH LAKELAND, INC. Principal Place of Business Mailing Address 40000 1123 OMOHUNDRA AVE 1123 OMOHUNDRA AVE LAKELAND, FL 33805 LAKELAND, FL 33805 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02112007 Chg-NP CR2E037 (12/06) City & State City & State Applied For 4. FEI Number 84-1669996 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 5. Name and Address of Current Registered Agent Name MCMILLON, MILDRED S 310 HEATHERPOINT DRIVE Street Address (P.O. Box Number is Not Acceptable) LAKELAND, FL 33809 City 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. 03-05-07 (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2007 Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITI F Delete TITLE ☐ Addition MCMILLON, MILDRED S NAME NAME STREET ADDRESS 310 HEATHERPOINT DRIVE STREET ADDRESS LAKELAND, FL 33809 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition SHARP, RALPH NAME STREET ADDRESS **635 CANDYCE AVENUE** STREET ADDRESS LAKELAND, FL 33805 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition OLDHAM, CHARLES NAME NAME STREET ADDRESS 1537 KETTLES AVENUE STREET ADDRESS LAKELAND, FL 33805 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME BRYANT, MYRA J NAME 606 EAST VALENCIA AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKELAND, FL 33805 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition DAVIS, SALLY NAME NAME 932 WEST 2ND STREET STREET ADDRESS STREET ADDRESS CITY-ST-7IP LAKELAND, FL 33805 CITY-ST-ZIP Delete ☐ Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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. in

NULLITED S, ME IN ULLOW
SYGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

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DOCUMENT # N05000005740  1. Entity Name FAITH IN ACTION/NORTH LAKELAND, INC.			ATTACHMENT			
Principal Place of Business 1123 OMOHUNDRA AVE LAKELAND, FL 33805  Meiling Address 1123 OMOHUNDRA AVE LAKELAND, FL 33805		-	4006	8457		
2. Principal Place of Business - No P.O. Box # 3, Mailing Ad						
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		CR2E037 (	12/06)	
City & State	City & State		4. FEI Number 84-1669996	Applied For Not Applicate		
Zip Country	Zip	Country	5. Certificate of Status D		.75 Add Required	
6. Name and Address of Current	Registered Agent	Name	7. Name and Address of New Registered Agent			
MCMILLON, MILDRED S 310 HEATHERPOINT DRIVE LAKELAND, FL 33809	Street Address	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. † am familiar with, and accept the obligations of registered agent.						
SIGNATURE						
Filing Fee is \$61.25 Due by May 1, 2007	mpaign Financing Contribution.	\$5.00 May Be Added to Fees Make check payable to Florida Department of State				
10. OFFICERS AND DIS		11,	ADDITIONS/CHANGES TO			
NAME MCMILLON, MILDRED S STREET ADDRESS CITY-ST-ZIP LAKELAND, FL 33809	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		L	] Change	Addition
TITLE TD NAME SHARP, RALPH STRET ADDRESS 635 CANDYCE AVENUE CITY-ST-2P LAKELAND, FL 33805	☐ Del <del>d</del> e	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition
ITILE VD NAME OLDHAM, CHARLES STRET ADDRESS 1537 KETTLES AVENUE CITY-ST-ZIP LAKELAND, FL 33805	☐ Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP			Change	Addition
ITILE SD NAME BRYANT, MYRA J STREET ADDRESS CITY-ST-ZIP LAKELAND, FL 33805	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition
TITLE D NAME DAVIS, SALLY STREET ADDRESS CITY-ST-ZIP LAKELAND, FL 33805	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition
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SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date Desylinia Phona #						

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