


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 13, 2008 8:00 am
Secretary of State

05-13-2008 90011 021 ****61.25

DOCUMENT # N05000005740	
1. Entity Name FAITH IN ACTION/NORTH LAKE LAND, INC.	

Principal Place of Business 1123 OMOHUNDRA AVE LAKE LAND, FL 33805	Mailing Address 1123 OMOHUNDRA AVE LAKE LAND, FL 33805
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40101280



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04142008 Chg-NP CR2E037 (12/06)

City & State	City & State
Zip	Country

4. FEI Number 84-1669996	Applied For Not Applicable
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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MCMILLON, MILDRED S 310 HEATHERPOINT DRIVE LAKE LAND, FL 33809	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 <i>Mildred S. McMillon</i>	DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCMILLON, MILDRED S 310 HEATHERPOINT DRIVE LAKE LAND, FL 33809 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SHARP, RALPH 635 CANDYCE AVENUE LAKE LAND, FL 33805 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD OLDHAM, CHARLES 1537 KETTLES AVENUE LAKE LAND, FL 33805 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BRYANT, MYRA J 606 EAST VALENCIA AVENUE LAKE LAND, FL 33805 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Bernice E I EVANS 3303 Barley Land Lake land, FL 33803-5995 <input type="checkbox"/> Change <input checked="" 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
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.	
SIGNATURE: <i>Mildred S. McMillon</i>	04/22/08 Date Daytime Phone #