2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2009
Secretary of State

DOCUMENT# N05000005740

Entity Name: FAITH IN ACTION/NORTH LAKELAND, INC.

Current Principal Place of Business:

1123 OMOHUNDRA AVE
LAKELAND, FL 33805

New Principal Place of Business:

Current Mailing Address:

1123 OMOHUNDRA AVE
LAKELAND, FL 33805

New Mailing Address:

FEI Number: 84-1669996 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MCMILLON, MILDRED S
310 HEATHERPOINT DRIVE
LAKELAND, FL 33809 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MCMILLON, MILDRED S
Address: 310 HEATHERPOINT DRIVE
City-St-Zip: LAKELAND, FL 33809

Title: VD ( ) Delete
Name: OLDHAM, CHARLES
Address: 1537 KETTLES AVENUE
City-St-Zip: LAKELAND, FL 33805

Title: SD ( ) Delete
Name: BRYANT, MYRA J
Address: 606 EAST VALENCIA AVENUE
City-St-Zip: LAKELAND, FL 33805

Title: TD ( ) Delete
Name: EVANS, BERNICE I
Address: 3303 BARLEY LAND
City-St-Zip: LAKELAND, FL 338035995

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MILDRED S. MCMILLON PD 03/19/2009

Electronic Signature of Signing Officer or Director — Date