

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000010652

FILED
Jan 05, 2008
Secretary of State

Entity Name: ACTS OF FAITH, INC.

Current Principal Place of Business:

921 OSCEOLA AVE
JACKSONVILLE BEACH, FL 32250

New Principal Place of Business:

Current Mailing Address:

921 OSCEOLA AVE
JACKSONVILLE BEACH, FL 32250

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLINE, CHAD
2002 SOUTHSIDE BLVD
JACKSONVILLE, FL 32216 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: DP () Delete
Name: CLINE, VIKKI
Address: 921 OSCEOLA AVE
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: DS () Delete
Name: GRONCZNIK, DYAN
Address: 921 OSCEOLA AVE
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: DT () Delete
Name: CLINE, VIKKI
Address: 921 OSCEOLA AVE
City-St-Zip: JACKSONVILLE BEACH, FL 32250

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:

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: VIKKI L CLINE

DP

01/05/2008

Electronic Signature of Signing Officer or Director

Date