## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N94000001733

785 HICKORY LANE

PALM HARBOR, FL 34683

Address:

City-St-Zip:

Entity Name: FAITH IN ACTION OF UPPER PINELLAS, INC.

FILED Feb 18, 2004 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
5 PATRICI DUNEDIN	A AVE. , FL 34698					
Current Mailing Address:			New Maili	New Mailing Address:		
5 PATRICI DUNEDIN	IA AVE. , FL 34698					
FEI Number:	: 59-3248081	FEI Number Applied For()	FEI Number Not App	icable ( ) Certificate of Status Desired	( )	
Name and	Address of	Current Registered Agent:	Name and	Address of New Registered Agent:		
FINCHUM, TRAVIS 2057 WARWICK DR OLDSMAR, FL 34677			1632-B PE	KELLER, DOLORES SR. 1632-B PEACEFUL LANE DUNEDIN, FL 34698		
	named entity e of Florida.	submits this statement for the p	ourpose of changing	ts registered office or registered agent, or	both,	
SIGNATURE: SR. DOLORES KELLER, S.S.J.  Electronic Signature of Registered Agent				02/18/2004		
			ent	Date		
OFFICER	S AND DIREC	CTORS:	ADDITION	IS/CHANGES TO OFFICERS AND DIRE	CTOR	
Title: Name: Address: City-St-Zip:	SD ( MOREE, ALIC 517 MARJON DUNEDIN, FL	AVE	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	PD ( FINCHUM, TR. 1095 MARY JA DUNEDIN, FL	ANE LANE	Title: Name: Address: City-St-Zip:	PD (X) Change ( ) Addition KELLER, DOLORES SR. 1632-B PEACEFUL LANE DUNEDIN, FL 34698		
Title: Name: Address: City-St-Zip:	RUPP, MARIL 1810 OAKMOI		Title: Name: Address: City-St-Zip:	VD (X) Change ( ) Addition ONOFREY, SHIRLEY A 704 MINDY DRIVE N.E. LARGO, FL 33771		
Title: Name:	TD ( MARTIN, BARI	) Delete BARA	Title: Name:	TD (X) Change ( ) Addition MARTIN, BARBARA J		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

Address:

City-St-Zip:

785 HICKORY LANE

PALM HARBOR, FL 34683

SIGNATURE: DOLORES KELLER PD 02/18/2004