

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001733

FILED
Jan 10, 2005
Secretary of State

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

Current Principal Place of Business:

5 PATRICIA AVE.
DUNEDIN, FL 34698

New Principal Place of Business:

455 SCOTLAND STREET
DUNEDIN, FL 34698

Current Mailing Address:

5 PATRICIA AVE.
DUNEDIN, FL 34698

New Mailing Address:

455 SCOTLAND STREET
DUNEDIN, FL 34698

FEI Number: 59-3248081

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KELLER, DOLORES SR.
1632-B PEACEFUL LANE
DUNEDIN, FL 34698 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: SD () Delete
Name: MOREE, ALICE S
Address: 517 MARJON AVE
City-St-Zip: DUNEDIN, FL 34698

Title: PD () Delete
Name: KELLER, DOLORES SR.
Address: 1632-B PEACEFUL LANE
City-St-Zip: DUNEDIN, FL 34698

Title: VD () Delete
Name: ONOFREY, SHIRLEY A
Address: 704 MINDY DRIVE N.E.
City-St-Zip: LARGO, FL 33771

Title: TD () Delete
Name: MARTIN, BARBARA J
Address: 785 HICKORY LANE
City-St-Zip: PALM HARBOR, FL 34683

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 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.

SIGNATURE: JOE SUTSKO

D

01/10/2005

Electronic Signature of Signing Officer or Director

Date