2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001733

Apr 24, 2009 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

455 SCOTLAND STREET DUNEDIN, FL 34698

Current Mailing Address: 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 ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WILSON, CARMEN 1017 GREENLEAF WAY TARPON SPRINGS, FL 34689 US

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

VP\S () Delete RAHMAN, BARBARA Name:

1071 MAINSAIL DRIVE Address: TARPON SPRINGS, FL 34689 US

City-St-Zip:

Title: DIRE () Delete WILSON, CARMEN Name: Address: 1017 GREENLEAF WAY

City-St-Zip: TARPON SPRINGS, FL 34689 US

Title: () Delete BLAINEY, FRANK Name:

2785 RESNIK CIRCLE E Address: City-St-Zip: PALM HARBOR, FL 34683 US

Title: () Delete Name: URBANSKI, ROBERT Address: 9457 118TH LANE N City-St-Zip: SEMINOLE, FL 33772 US

Title: () Delete

Name:

Address: City-St-Zip: (X) Change () Addition

Name: TOTH MARTIN

Address: 14190 CHAMBERLAIN AVENUE

City-St-Zip: LARGO, FL 33774 US

Title: () Change () Addition

Name: Address: City-St-Zip:

Title: (X) Change () Addition

BELLO, NANCY Name:

Address: 1843 PRINCETON DRIVE City-St-Zip: CLEARWATER, FL 33765 US

(X) Change () Addition Title:

Name: GUICE, RICARDO

Address: 2225 NURSERY ROAD, 43-103 City-St-Zip: CLEARWATER, FL 33764 US

Title: SECR () Change (X) Addition

EDWARDS, SANDRA Name:

1840 DINNERBELL LANE SOUTH Address:

City-St-Zip: DUNEDIN, FL 34698

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: CARMEN WILSON EX D 04/24/2009