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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT

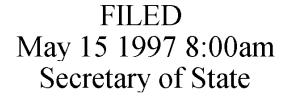
N95000005614 (1)

FAITH IN ACTION IN NORTHWEST FLORIDA, INC.

Principal Place of Business								
125 W. ROMANA STRET STE 222								

Mailing Address

125 W. ROMANA STRET STE 222





				1				
					3. Date Incorporated or Qualified 11/28/1995		of Last Repo 1/02/1990	
	ace of Business	28. Mailing Address	12420		4. FEI Number 59-3355049			ed For
	N. PAlAfox St.		12013		39-333048			pplicable
Sulte, Apt. #		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$	8.75 Add Fee Requ	
City & State 3 PENSC	100/a,FL3250+	City & State Pensacola,	FL 325	74	6. Election Campaign Financing Trust Fund Contribution		\$5.00 Ma Added to I	
325	Country ESCAMBIA		This corporation has liability for intangible tax under s. 199.032, Florida Statutes					
31 -	9. Name and Address of Current		T	٠١	10. Name and Address of New Re			
		· · · · · · · · · · · · · · · · · · ·	81 Name	е				
LOZIER, DANIEL R			82 Stree	A (d)	(DO 0- No. 5- 5-N-4			
	ROMANA STRET STE 222		82 Stree	t Addres	s (P.O. Box Number is Not Acceptab	ole)		
	OLA FL 32501		83	83				
1 6110/10							-T	
			84 City			FL ⁸	5 Zip Co	ae
11. Pursuant to	o the provisions of Sections 617.0502 agistered agent, or both, in the State of a familiar with, and accept the obligat	and 617.1508, Florida Statutes,	the above-name	d corpor	ation submits this statement for the p	ourpose of cha	anging its re	egistered
agent. I an	n familiar with, and accept the obligat	ions of, Section 617.0503, Floric	la Statutes.	лрогиног	To both of directors. Thereby decor	pi mo uppom	mont do le	31510100
SIGNATURE _	Signature, lyped or printed name of registered agent	and title if applicable. (NOTE: R	egistered Agent signatu	re required	when reinstating)	DATE	,	
12.	OFFICERS AND		13.	a o required		OLDO AND DII	0/:01000	11.70
14.	OI HOLIIG KIND	DIRECTORS	10.		ADDITIONS/CHANGES TO OFFIC	きいの いれい いけ	RECTORS	N 12
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I do nereby certify that the information supplied with this little doesn't in the exemption state on Section 1.19.07(3/f), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

GNATURE:

GNATURE:

SIGNATURE: