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Apr 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000001012 (1)**

1. Corporation Name

FAITH IN ACTION CENTER, INC.

Principal Place of Business

Mailing Address

P.O. BOX 362124
MELBOURNE FL 32936-2124

P.O. BOX 362124
MELBOURNE FL 32936-2124

(SEE BOX 21, 23, 24)

2. Principal Place of Business

2a. Mailing Address

21 P.O. Box 110121

2a Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23 City & State

27 City & State

Palm Bay, FL

SAME

24 Zip

29 Zip

32911-0121

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

02/26/1996

4. FEI Number

59-3364166

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

Yes No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

Yes No

10. Name and Address of New Registered Agent

COPELAND, DONNIE
866 LYNBROOK ST
PALM BAY FL 32907

Address change

81 Name Cope land Donnie

82 Street Address (P.O. Box Number is Not Acceptable)

1711 Monterey Drive

Apt. 205

Palm Bay

FL

85 Zip Code

32905

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D
COPELAND, RONNIE
STREET ADDRESS 866 LYNBROOK ST
CITY-ST-ZIP PALM BAY FL

TITLE ☐ DELETE

NAME T
MEYERS, GRACE
STREET ADDRESS 2636 WRIGHT AVE
CITY-ST-ZIP MELBOURNE FL

TITLE ☐ DELETE

NAME T
WATKINS, WEST
STREET ADDRESS 2975 THRUSH DRIVE APT #134
CITY-ST-ZIP MELBOURNE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 14, 1998 (407) 253-3058

CR2E037 (10/97)