FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -7 PM 4:31

DOCUMENT # 760230 (3)

1. Corporation Name
FLORIDA ASSOCIATION FOR COMMUNITY ACTION, INC. (FACA)

Principal Place of Business	Mailing Address
901 NW 8TH AVE SUITE D-6 GAINESVILLE FL 32601	901 NW 8TH AVE SUITE A-2 GAINESVILLE FL 32601 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/29/1981
3a. Date of Last Report: 02/16/1994
4. FEI Number: 59-2929791 ☐ 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 901 NW 8th Avenue	26
Suite, Apt. #, etc. 22 Suite A-2	Suite, Apt. #, etc. 27
City & State 23 Gainesville, FL	City & State 28
Zip / Country 24 32601 / 25 USA	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

COLLINGS DAVE
HEAD START DEPT.
601 E KENNEDY BLVD.
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name: Gloria J. Martin
82 Street Address (P.O. Box Number is Not Acceptable): 901 NW 8th Avenue
83: Suite A-2
84 City: Gainesville FL 85 Zip Code: 32601

11. Pursuant to the provisions of Section 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: [signature] Gloria J. Martin 1/18/95
(Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	P/D	XX Change ☐ Addition
NAME	BURGESS, CARL J.	1.2 NAME	Deloris Johnson	
STREET ADDRESS	450 W. MAIN ST.	1.3 STREET ADDRESS	7301 Lynchburg Road	
CITY-ST-ZIP	BARTOW FL	1.4 CITY-ST-ZIP	Winter Haven, FL 33881	
TITLE	VPD	2.1 TITLE	VP/D	XX Change ☐ Addition
NAME	FILLMORE, WILLIAM S.	2.2 NAME	Ivory Gray	
STREET ADDRESS	12351 134TH AVE.,N.	2.3 STREET ADDRESS	336 S. Main Street	
CITY-ST-ZIP	LARGO FL	2.4 CITY-ST-ZIP	Wildwood, FL 34785	
TITLE	S	3.1 TITLE	S/D	XX Change ☐ Addition
NAME	HARVEY, JERRY	3.2 NAME	Joan Hill	
STREET ADDRESS	1514 UNION ST	3.3 STREET ADDRESS	236 9th Avenue West	
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	Bradenton, FL 34205	
TITLE	TD	4.1 TITLE	T/D	XX Change ☐ Addition
NAME	COLLINGS, DAVE	4.2 NAME	James Lowe	
STREET ADDRESS	2015 N 15TH ST	4.3 STREET ADDRESS	501 N. Bay Street	
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	Eustice, FL 32726-4111	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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] Deloris Johnson President 1/18/95 (813) 956-3491
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0002650