FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY - ST - ZIP

TD

LOWE, JAMES

EUSTICE FL

501 N. BAY STREET

TITLE

NAME

TITLE

NAME

TITLE

NAME

760230

(3)

FLORIDA ASSOCIATION FOR COMMUNITY ACTION, INC. (

FACA)						
Principal Place of Business Mailing Address						- 1 1 1 1 1 1 1 1 1
901 NW 8TH AVENUE 901 NW 8TH AVE						3. Date Incorporated or Qualified
SUITE A-2 SUITE A-2						09/29/1981
GAINESVILLE FL 32601 GAINESVILLE FL 32601						4. FEI Number Applied For
63		US				[Applied: 6]
2. Principal Place of Business 2a.		2a. Mailing Address	2a. Mailing Address			
21		26			5. Certificate of Status Desired \$8.75 Additional Fee Required	
Suite, Apt. #, etc		Suite, Apt. #, etc.				Election Campaign Financing \$5.00 May Be
22 27						Trust Fund Contribution
City & Sta	te	City & State	├ ¬ ′			7. Is this nonprofit corporation a homeowners association?
Zip	Country	Zip	Cour	Country		8. This corporation owes or has paid the current year intangible
24	25 29		30			Personal Property Tax due June 30. Yes No
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent		
			1	81	Name	
MARTIN, GLORIA J.			١.	82 Street Address (P.O. Box Number is Not Acceptable)		
	8TH AVENUE		82 Street Addre		Street Addre	ess (P.O. Box Number is Not Acceptable)
SUITE A-2			1	83		
GAINESVILLE FL 32601			Ĺ			
THE TRACE IS A SECOND OF THE PROPERTY OF THE P			8	84	City	FL 85 Zip Code
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						
					t signature require	ed when reinstating) DATE
<u> </u>	OFFICERS AND DIRECTORS PD DELETE			13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE		☐ DELETE	1.1 TITL			☐ Change ☐ Addition
NAME	JOHNSON, DELORIS		1,2 NAM	ΛE		
STREET ADDRESS	NATIONAL PROPERTY AND ASSESSMENT OF THE PROPERTY OF THE PROPER		1.3 STREET ADDRESS		DDRES\$	
CITY-ST-ZIP				1,4 CITY - ST - ZIP		
TITLE	VPD	DELETE	2.1 TITLE			Change Addition
NAME	GRAY, IVORY		2.2 NAME			
STREET ADDRESS	336 S. MAIN STREET		2.3 STREET		DORESS	
CITY-ST-ZIP	WILDWOOD FL		2, 4 CITY	2, 4 CITY-ST-ZIP		
TITLE	\$D	DELETE	3.1 TITLE			Change Addition
NAME			3.2 NAM	3.2 NAME		
STREET ADDRESS			3.3 STRE	3.3 STREET ADDRESS		
CITY-ST-ZIP	FT PIERCE FL		3.4. CDY	3.4. CITY-ST-ZIP		

CITY-ST-ZIP 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. the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information

3.4. CITY - ST - ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY - ST-ZIP

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

DELETE

Addition

Addition

Addition

☐ Change

Change

FILED

Feb 02 1998 8:00am

Secretary of State