

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 760230 (3) 1. Corporation Name FLORIDA ASSOCIATION FOR COMMUNITY ACTION, INC. (FACA)					
Principal Place of Business 901 NW 8TH AVENUE SUITE A-2 GAINESVILLE FL 32601 US			Mailing Address 901 NW 8TH AVE SUITE A-2 GAINESVILLE FL 32601 US		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country		3. Date Incorporated or Qualified 09/29/1981 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. Is this nonprofit corporation a homeowners' association? ☐ Yes ☒ No	
8. This corporation owes or has paid the current year tangible Personal Property Tax due June 30. ☐ Yes ☒ No		9. Name and Address of Current Registered Agent MARTIN, GLORIA J. 901 NW 8TH AVENUE SUITE A-2 GAINESVILLE FL 32601			
10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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 _____ DATE _____ (NOTE: Registered Agent signature required when reinstalling)					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
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]* SIGNATURE REQUIRED

CR2E037 (10/97)