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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **760230**

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

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

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21 6212 NW 43rd STREET	26 6212 NW 43rd STREET	09/29/1981
Suite, Apt. #, etc. 22 SUITE A	Suite, Apt. #, etc. 27 SUITE A	4. FEI Number 59-2929791 ☐ Applied For ☐ Not Applicable
City & State 23 GAINESVILLE FL	City & State 28 GAINESVILLE FL	5. Certifcate of Status Desired ☒ **$8.75** Additional Fee Required
Zip / Country 24 32653 25 US	Zip / Country 29 32653 30 US	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MARTIN, GLORIA J. 901 NW 8TH AVENUE SUITE A-2 GAINESVILLE FL 32601	81 Name MARTIN GLORIA J. 82 Street Address (P.O. Box Number is Not Acceptable) 6212 NW 43rd STREET 83 SUITE A 84 City GAINESVILLE FL 85 Zip Code 32653

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	JOHNSON, DELORIS		1.2 NAME	BROWN, OPHELIA	
STREET ADDRESS	7301 LYNCHBURG ROAD		1.3 STREET ADDRESS	395 NW 1st ST., STE 101	
CITY-ST-ZIP	WINTER HAVEN FL		1.4 CITY-ST-ZIP	MIAMI, FL 33128-1629	
TITLE	VPD	☐ DELETE	2.1 TITLE	VPD	☒ Change ☐ Addition
NAME	GRAY, IVORY		2.2 NAME	HOLT, WILLIAM	
STREET ADDRESS	336 S. MAIN STREET		2.3 STREET ADDRESS	7301 LYNCHBURG RD	
CITY-ST-ZIP	WILDWOOD FL		2.4 CITY-ST-ZIP	WINTERHAVEN FL 33881	
TITLE	SD	☐ DELETE	3.1 TITLE	SD	☒ Change ☐ Addition
NAME	JONES, MARY		3.2 NAME	GRAY, IVORY	
STREET ADDRESS	720 DELAWARE AVE, STE L		3.3 STREET ADDRESS	336 S. MAIN ST.	
CITY-ST-ZIP	FT PIERCE FL		3.4 CITY-ST-ZIP	WILDWOOD, FL 34785	
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	LOWE, JAMES		4.2 NAME		
STREET ADDRESS	501 N. BAY STREET		4.3 STREET ADDRESS		
CITY-ST-ZIP	EUSTICE FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME			5.2 NAME	GLORIA J. MARTIN	
STREET ADDRESS			5.3 STREET ADDRESS	6212 NW 43rd ST., SUITE A	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	GAINESVILLE, FL 32653-	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: Gloria J. Martin REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/99
Date

352/378-6717
Daytime Phone #

Gloria J. Martin