2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 08:00 AM
Secretary of State

DOCUMENT # 760230

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

Principal Place of Business	Mailing Address
6212 NW 43RD ST. SUITE A GAINESVILLE FL 32653 US	6212 NW 43RD ST SUITE A GAINESVILLE FL 32653 US

2. Principal Place of Business	3. Mailing Address
6212 NW 43RD ST.	6212 NW 43RD ST
Suite, Apt. #, etc.: SUITE A	Suite, Apt. #, etc.: SUITE A
City & State: GAINESVILLE FL	City & State: GAINESVILLE FL
Zip: 326538860 Country: US	Zip: 326538860 Country: US

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-2929791 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARTIN GLORIA J.
6212 NW 43RD ST
SUITE A-2
GAINESVILLE FL
32653 US

7. Name and Address of New Registered Agent

Name: MARTIN GLORIA J.
Street Address (P.O. Box Number is Not Acceptable): 6212 NW 43RD ST
SUITE A
City: GAINESVILLE FL Zip Code: 326538860

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____ 01/30/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☒ Change ☐ Addition
TITLE	D		TITLE	D	
NAME	MARTIN GLORIA J		NAME	MARTIN GLORIA J	
STREET ADDRESS	6212 NW 43RD ST., STE. A		STREET ADDRESS	6212 NW 43RD ST., STE. A	
CITY-ST-ZIP	GAINSVILLE FL 32653		CITY-ST-ZIP	GAINESVILLE FL 326538860	
TITLE	TD	☐ Delete	TITLE	TD	☒ Change ☐ Addition
NAME	LOWE JAMES		NAME	GRAY IVORY	
STREET ADDRESS	501 N. BAY STREET		STREET ADDRESS	336 S. MAIN ST	
CITY-ST-ZIP	EUSTICE FL		CITY-ST-ZIP	WILDWOOD FL 34785	
TITLE	SD	☐ Delete	TITLE	SD	☒ Change ☐ Addition
NAME	GRAY IVORY		NAME	BROWN-MARTILIK MARY	
STREET ADDRESS	336 S. MAIN ST.		STREET ADDRESS	241 TRUMBO ROAD	
CITY-ST-ZIP	WILDWOOD FL 34785		CITY-ST-ZIP	KEY WEST FL 330406684	
TITLE	VPD	☐ Delete	TITLE	VPD	☒ Change ☐ Addition
NAME	HOLT WILLIAM		NAME	EDWARDS JOHN W. JR.	
STREET ADDRESS	7301 LYNCH BURE RD.		STREET ADDRESS	411 WEST ADAMS ST, STE 200	
CITY-ST-ZIP	WINTER HAVEN FL 33881		CITY-ST-ZIP	JACKSONVILLE FL 33881	
TITLE	PD	☐ Delete	TITLE	PD	☒ Change ☐ Addition
NAME	BROWN OPHELIA		NAME	BROWN-LAWSON OPHELIA	
STREET ADDRESS	395 NW 1ST ST., STE 101		STREET ADDRESS	395 NW 1ST ST., STE 101	
CITY-ST-ZIP	MIAMI FL 33128		CITY-ST-ZIP	MIAMI FL 33128	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (11/00)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: GLORIA J. MARTIN D 01/30/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #