2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2008 08:00 AM
Secretary of State

DOCUMENT # 760230

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

Principal Place of Business	Mailing Address
820 E. PARK AVE. SUITE E-200 TALLAHASSEE, FL 32301 US	820 E. PARK AVE. SUITE E-200 TALLAHASSEE, FL 32301 US

DO NOT WRITE IN THIS SPACE

01182008 No Chg-NP CR2E037 (4/06)

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

MCKAY, WILMA K
820 E. PARK AVE.
SUITE E-200
TALLAHASSEE, FL 32301

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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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is $61.25
Due by May 1, 2008

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

U00000833837
02/28/08-80029-002 70.00

10. OFFICERS AND DIRECTORS

TITLE	S
NAME	ATKINS, WILLIAM
STREET ADDRESS	395 NW 1ST STREET STE 101
CITY-ST-ZIP	MIAMI, FL 331281698
TITLE	C
NAME	COLLINS, CAROLYN
STREET ADDRESS	4002 LA SALLE STREET
CITY-ST-ZIP	TAMPA, FL 33607
TITLE	T
NAME	JOHNSON, DELORIS
STREET ADDRESS	300 LYNCHBERG RD.
CITY-ST-ZIP	LAKE ALFRED, FL 338509000
TITLE	V
NAME	FRYER, ARTIE
STREET ADDRESS	601 E. KENNEDY BLVD., 25TH FLOOR
CITY-ST-ZIP	TAMPA, FL 33602
TITLE	ED
NAME	MCKAY, WILMA K
STREET ADDRESS	820 E. PARK AVE., STE. E-200
CITY-ST-ZIP	TALLAHASSEE, FL 32301
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ 2/18/2008 (850) 224-4774
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #