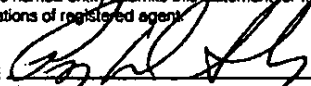
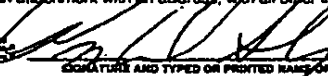


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2005 8:00 am
Secretary of State

02-01-2005 90039 003 ****61.25

DOCUMENT # N04000001479 1. Entity Name FACES OF COURAGE FOUNDATION, INC.					
Principal Place of Business TRANS WORLD BUILDING 4115 WEST SPRUCE ST. TAMPA, FL 33607			Mailing Address TRANS WORLD BUILDING 4115 WEST SPRUCE ST. TAMPA, FL 33607		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SHERRY, PEGGIE D 17919 CLEAR LAKE DR. LUTZ, FL 33548				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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  Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reissuing) DATE 1-3-05			
Filing Fee is \$81.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PCEO ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	SHERRY, PEGGIE D		NAME	See Attached	
STREET ADDRESS	17919 CLEAR LAKE DR.		STREET ADDRESS		
CITY-ST-ZIP	LUTZ, FL 33548		CITY-ST-ZIP		
TITLE	V ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	ROBERTSON, BRIDGET		NAME		
STREET ADDRESS	3421 W. SAN PEDRO ST.		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33629		CITY-ST-ZIP		
TITLE	VT ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	ALMENGUAL, LYNDIA		NAME		
STREET ADDRESS	2203 N. LOIS AVE. #1195		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33607		CITY-ST-ZIP		
TITLE	VS ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	CACCIATORE, NATALIE		NAME		
STREET ADDRESS	3901 W. AZEELE		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33609		CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		1-3-05		(813) 877-2267	
Date		Date		Daytime Phone #	



2004 Board of Directors

T/D

Lynda Almengual - Treasurer
Internal Control Analyst
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V/D

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ATTACHMENT

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C/D

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psherry@facesofcourage.org

ATTACHMENT

20005748'

ND4 006001479

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