## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000001479

Entity Name: FACES OF COURAGE FOUNDATION, INC.

FILED May 01, 2006 Secretary of State

TRANS WORLD BUILDING 4115 WEST SPRUCE ST. TAMPA, FL 33607

Current Mailing Address: New Mailing Address:

TRANS WORLD BUILDING 4115 WEST SPRUCE ST. TAMPA, FL 33607

FEI Number: 20-0584489 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SHERRY, PEGGIE D 17919 CLEAR LAKE DR. LUTZ, FL 33548 US

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:

Flatherin Circular of Davidson I Anna

Electronic Signature of Registered Agent

Date

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

## **OFFICERS AND DIRECTORS:**

Title: DCEO (X) Change ( ) Addition

 Title:
 PCEO () Delete
 Title:
 DCEO (X) Change (

 Name:
 SHERRY, PEGGIE D
 Name:
 SHERRY, PEGGIE D

 Address:
 17919 CLEAR LAKE DR.
 Address:
 17919 CLEAR LAKE DR.

 City-St-Zip:
 LUTZ, FL 33548
 City-St-Zip:
 LUTZ, FL 33548

Title: V ( ) Delete Title: DP (X) Change ( ) Addition

Name: ROBERTSON, BRIDGET Name: DOGALI, ANDY ESQ.

Address: 3421 W. SAN PEDRO ST. Address: 4301 ANCHOR PLAZA PARKWAY, SUITE 300

City-St-Zip: TAMPA, FL 33629 City-St-Zip: TAMPA, FL 33634

Title: () Delete Title: (X) Change ( ) Addition ALMENGUAL, LYNDA Name: SULLIVAN, CATHERINE MARY Name: 2203 N. LOIS AVE. #1195 Address: Address: 100 SECOND AVENUE SOUTH City-St-Zip: TAMPA, FL 33607 City-St-Zip: ST. PETERSBURG, FL 33701

Title: VS ( ) Delete Title: DS (X) Change ( ) Addition

 Name:
 CACCIATORE, NATALIE
 Name:
 CRAWFORD, BARBARA

 Address:
 3901 W. AZEELE
 Address:
 6931 SURRAY HILL PLACE

 City-St-Zip:
 TAMPA, FL 33609
 City-St-Zip:
 APOLLO BEACH, FL 33572

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANDY DOGALI DP 05/01/2006