2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 31, 2007 08:00 AM
Secretary of State

DOCUMENT # N04000001479

1. Entity Name
FACES OF COURAGE FOUNDATION, INC.

Principal Place of Business	Mailing Address
TRANS WORLD BUILDING 4115 WEST SPRUCE ST. TAMPA, FL 33607	TRANS WORLD BUILDING 4115 WEST SPRUCE ST. TAMPA, FL 33607

DO NOT WRITE IN THIS SPACE

08292007 No Chg-NP CR2E037 (4/06)

4. FEI Number
20-0584489

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

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 _____ 8-28-07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 14, 2007

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

10. OFFICERS AND DIRECTORS

TITLE	DCEO
NAME	SHERRY, PEGGIE D
STREET ADDRESS	17919 CLEAR LAKE DR.
CITY-ST-ZIP	LUTZ, FL 33548
TITLE	DP
NAME	DOGALI, ANDY ESQ.
STREET ADDRESS	4301 ANCHOR PLAZA PARKWAY, SUITE 300
CITY-ST-ZIP	TAMPA, FL 33634
TITLE	DT
NAME	SULLIVAN, CATHERINE MARY
STREET ADDRESS	100 SECOND AVENUE SOUTH
CITY-ST-ZIP	ST. PETERSBURG, FL 33701
TITLE	DS
NAME	CRAWFORD, BARBARA
STREET ADDRESS	6931 SURRAY HILL PLACE
CITY-ST-ZIP	APOLLO BEACH, FL 33572
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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08/31/07-80004-002 61.25

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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: _____ Peggie Sherry 8-29-07 813 877-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #