


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N07000010945

1. Entity Name
THE FCRA EDUCATION FOUNDATION, INC.



Principal Place of Business 8022 ALAFIA RD RIVERVIEW, FL 33569	Mailing Address 8022 ALAFIA RD RIVERVIEW, FL 33569
<i>CHANGE OF ADDRESS</i>	

50002264



2. Principal Place of Business - No P.O. Box # 721 S.E. County Rd 357	3. Mailing Address 721 S.E. County Rd 357
Suite, Apt. #, etc.	Suite, Apt. #, etc.

03062008 Chg-NP CR2E037 (12/08)

City & State Mayo, FL 32066	City & State Mayo, FL	4. FEI Number 83-0500037	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
Zip 32066	Country USA	Zip 32066	Country USA

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

6. Name and Address of Current Registered Agent

SUAREZ, JAMIE *721 S.E. CR. 357*
~~8022 ALAFIA RD~~
RIVERVIEW, FL 33569 *Mayo, FL 32066*

7. Name and Address of New Registered Agent

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: _____ 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**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME C CLUTTER, GAYLE	<input type="checkbox"/> Delete	STREET ADDRESS 983 TAHOE TRAIL	CITY-ST-ZIP LILBURN, GA 30047
TITLE NAME T OLIVIA, MARTHA	<input type="checkbox"/> Delete	STREET ADDRESS 2717 SW 21ST TERRACE	CITY-ST-ZIP MIAMI, FL 33145
TITLE NAME S SUAREZ, JAMIE	<input type="checkbox"/> Delete	STREET ADDRESS 8022 ALAFIA RD <i>721 S.E. County Rd</i> RIVERVIEW, FL 33569 <i>357 Mayo, FL 32066</i>	CITY-ST-ZIP Mayo, FL 32066
TITLE NAME 	<input type="checkbox"/> Delete	STREET ADDRESS 	CITY-ST-ZIP
TITLE NAME 	<input type="checkbox"/> Delete	STREET ADDRESS 	CITY-ST-ZIP
TITLE NAME 	<input type="checkbox"/> Delete	STREET ADDRESS 	CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS 	CITY-ST-ZIP
TITLE NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS 	CITY-ST-ZIP
TITLE NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS 	CITY-ST-ZIP
TITLE NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS 	CITY-ST-ZIP
TITLE NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS 	CITY-ST-ZIP

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: *Jamie Suarez* **JAMIE SUAREZ** *3/25/08* *386-244-2827*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #