

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 760230

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

**Current Principal Place of Business:**

325 JOHN KNOX ROAD  
SUITE F-210  
TALLAHASSEE, FL 32303

**Current Mailing Address:**

325 JOHN KNOX ROAD  
SUITE F-210  
TALLAHASSEE, FL 32303 US

**FEI Number:** 59-2929791

**Certificate of Status Desired:** Yes

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

MCKAY, WILMA K  
325 JOHN KNOX ROAD  
SUITE F-210  
TALLAHASSEE, FL 32303 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title ED  
Name MCKAY, WILMA K  
Address 325 JOHN KNOX ROAD  
SUITE F-210  
City-State-Zip: TALLAHASSEE FL 32303

Title CHAIRMAN  
Name JOHNSON, DELORIS  
Address 300 LYNCHBERG RD.  
City-State-Zip: LAKE ALFRED FL 33850

Title VC  
Name MILLER-BURSTON, FAITH  
Address 3402 N. 22ND STREET  
City-State-Zip: TAMPA FL 33605  
  
Title SECRETARY  
Name GLORIA, BOONE  
Address 1010 NORTH BOULEVARD EAST  
City-State-Zip: LEESBURG FL 34748

*I hereby 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 all other like empowered.*

**SIGNATURE:** WILMA K. MCKAY

**EXECUTIVE DIRECTOR**

**04/27/2015**

Electronic Signature of Signing Officer/Director Detail

Date