

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760230

Entity Name: FLORIDA ASSOCIATION FOR COMMUNITY ACTION, INC.
(FACA)**FILED**
Apr 03, 2018
Secretary of State
CC1267945392**Current Principal Place of Business:**5508 N. 50TH STREET
SUITE 30
TAMPA, FL 33610**Current Mailing Address:**5508 N. 50TH STREET
SUITE 30
TAMPA, FL 33610 US**FEI Number: 59-2929791****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**PULLEN, FAITH
5508 N. 50TH STREET
SUITE 30
TAMPA, FL 33610 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: FAITH C. PULLEN****04/03/2018**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	EXECUTIVE DIRECTOR
Name	PULLEN, FAITH
Address	5508 N. 50TH STREET SUITE 30
City-State-Zip:	TAMPA FL 33610
Title	CHARPERSON
Name	BERNEITHA, MCNAIR
Address	4070 BOULEVARD CENTER DRIVE
City-State-Zip:	JACKSONVILLE FL 32207
Title	SECRETARY
Name	HARRIS, CHARLES
Address	411 NORTH MAIN STREET SUITE 210
City-State-Zip:	GAINESVILLE FL 32601

Title	VICE-CHAIR
Name	BROWN, DOUG
Address	1380 NORTH PALAFOX STREET
City-State-Zip:	PENSACOLA FL 32501
Title	TREASURER
Name	KING, CAROLYN
Address	501 1ST AVE. N. SUITE 517
City-State-Zip:	ST. PETERSBURG FL 33701
Title	PARLIAMENTARIAN
Name	CENTER, TIM ESQ.
Address	309 OFFICE PLAZA DRIVE
City-State-Zip:	TALLAHASSEE FL 32301

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: FAITH PULLEN**EXECUTIVE DIRECTOR****04/03/2018**

Electronic Signature of Signing Officer/Director Detail

Date