

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001479

Entity Name: FACES OF COURAGE FOUNDATION, INC.**Current Principal Place of Business:**10006 CROSS CREEK BLVD.
#519
TAMPA, FL 33647**Current Mailing Address:**10006 CROSS CREEK BLVD.
#519
TAMPA, FL 33647 US**FEI Number:** 20-0584489**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SHERRY, PEGGIE D
10006 CROSS CREEK BLVD.
#519
TAMPA, FL 33647 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	DCEO
Name	SHERRY, PEGGIE D
Address	10006 CROSS CREEK BLVD. #519
City-State-Zip:	TAMPA FL 33647

Title	DP
Name	KAHEN, HOWARD
Address	10006 CROSS CREEK BLVD. #519
City-State-Zip:	TAMPA FL 33647

Title	DIRECTOR
Name	DUANY, ANTHONY
Address	10006 CROSS CREEK BLVD. #519
City-State-Zip:	TAMPA FL 33647

Title	SECRETARY
Name	CORIATY, SHELBY
Address	10006 CROSS CREEK BLVD. #519
City-State-Zip:	TAMPA FL 33647

Title	DIRECTOR
Name	DOGALI, ANDY
Address	10006 CROSS CREEK BLVD. #519
City-State-Zip:	TAMPA FL 33647

Title	DIRECTOR
Name	BEITZEL, CASSANDRA
Address	10006 CROSS CREEK BLVD. #519
City-State-Zip:	TAMPA FL 33647

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: PEGGIE D. SHERRY

CEO

01/14/2014

Electronic Signature of Signing Officer/Director Detail_____
Date