

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15000005539

Entity Name: FAC-IT CORPORATION**Current Principal Place of Business:**314 NW STATEN HARRIS COURT
LAKE CITY, FL 32055**Current Mailing Address:**P.O. BOX 394
LAKE CITY, FL 32056**FEI Number:** 47-3979203**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CECILIA, DAVIS
314 NW STATEN HARRIS COURT
LAKE CITY, FL 32055 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	P
Name	DAVIS, CECILIA S
Address	PO BOX 394
City-State-Zip:	LAKE CITY FL 32056

Title	MEMB
Name	ADAMS, DON'NETRA
Address	314 N W STATEN HARRIS COURT
City-State-Zip:	LAKE CITY FL 32055

Title	MEMB
Name	DAVIS, TOPEKA R
Address	137 SW FULTON PLACE
City-State-Zip:	LAKE CITY FL 32024

Title	MEMB
Name	TUNSIL, SHERITA D
Address	889 NE CHERY LANE
City-State-Zip:	LAKE CITY FL 32055

Title	MEMB
Name	HUTCHENSON, JEANETTE
Address	P.O.BOX 380
City-State-Zip:	WHITE SPRINGS FL 32096

Title	MEMB
Name	ROBINSON, ROSALYN
Address	1086 NE JENKINS LANE
City-State-Zip:	LAKE CITY FL 32055

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: CECILIA S. DAVIS**PRESIDENT****04/30/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date