

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760230

FILED
Jun 03, 2005
Secretary of State

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

Current Principal Place of Business:

207 W PARK AVE
FIRST FLOOR
TALLAHASSEE, FL 32301 US

New Principal Place of Business:

Current Mailing Address:

207 W PARK AVE
FIRST FLOOR
TALLAHASSEE, FL 32301 US

New Mailing Address:

FEI Number: 59-2929791 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MCKAY, WILMA K
207 WEST PARK AVE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: ATKINS, WILLIAM
Address: 395 NW 1ST STREET STE 101
City-St-Zip: MIAMI, FL 331281698 US

Title: P () Delete
Name: EDWARDS, JOHN W. JR.
Address: 421 WEST CHURCH ST STE 705
City-St-Zip: JACKSONVILLE, FL 32204 US

Title: S () Delete
Name: JOHNSON, DELORIS
Address: 7301 LYNCHBURG RD
City-St-Zip: WINTER HAVEN, FL 33881 US

Title: T () Delete
Name: FRYER, ARTIE
Address: 505 EAST JACKSON ST STE 204
City-St-Zip: TAMPA, FL 33602 US

Title: EXED () Delete
Name: MCKAY, WILMA K
Address: 207 W PARK AVE, FIRST FLOOR
City-St-Zip: TALLAHASSEE, FL 32301 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: ATKINS, WILLIAM
Address: 395 NW 1ST STREET STE 101
City-St-Zip: MIAMI, FL 331281698 US

Title: () Change () Addition
Name:
Address:
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Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: WILMA K. MCKAY

ED

06/03/2005

Electronic Signature of Signing Officer or Director

Date