

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90071 023 ****61.25

DOCUMENT # 760230

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



Principal Place of Business

**207 W PARK AVE
FIRST FLOOR
TALLAHASSEE, FL 32301 US**

Mailing Address

**207 W PARK AVE
FIRST FLOOR
TALLAHASSEE, FL 32301 US**

60012368



01202006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-2929791

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
ATKINS, WILLIAM
395 NW 1ST STREET STE 101
MIAMI, FL 331281698**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
EDWARDS, JOHN W. JR.
421 WEST CHURCH ST STE 705
JACKSONVILLE, FL 32204**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
JOHNSON, DELORIS
7301 LYNCHBURG RD
WINTER HAVEN, FL 33881**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
FRYER, ARTIE
505 EAST JACKSON ST STE 204
TAMPA, FL 33602**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**EXED E.D.
MCKAY, WILMA K
207 W PARK AVE, FIRST FLOOR
TALLAHASSEE, FL 32301**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

Wilma McKay 1/20/06 (850)2244774