

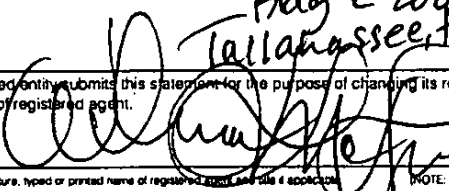
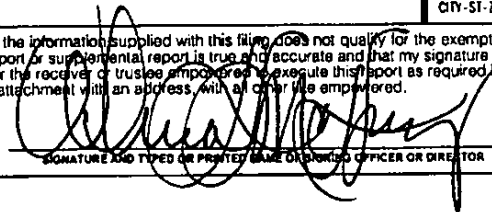
2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

01-18-2007 90111 041 ****61.25
760230

FILED

07 FEB -7 PM 4:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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	
2. Principal Place of Business - No P.O. Box # 820 E. Park Ave		3. Mailing Address 820 E. Park Ave	
Suite, Apt. #, etc. Ste E-200		Suite, Apt. #, etc. Ste E-200	
City & State Tallahassee, FL		City & State Tallahassee, FL	
Zip 32301	Country US	Zip 32301	Country US
4. FEI Number 59-2929791		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCKAY, WILMA K 207 WEST PARK AVE TALLAHASSEE, FL 32301		7. Name and Address of New Registered Agent Name: Wilma K. McKay Street Address (P.O. Box Number is Not Acceptable): 820 E. Park Ave Suite E-200 City: Tallahassee FL Zip Code: 32301	
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 		DATE 1/12/07	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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	S Atkins, William 395 NW 1st St, Ste 101 Miami, FL 33128
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EDWARDS, JOHN W. JR. 421 WEST CHURCH ST STE 706 JACKSONVILLE, FL 32204	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Collins, Carolyn 4002 La Salle Street Tampa, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JOHNSON, DELORIS 7301 LYNCHBURG RD WINTER HAVEN, FL 33881	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Johnson, Deloris 300 Lynchburg Rd Lake Alfred, FL 33850-9008
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FRYER, ARTIE 505 EAST JACKSON ST STE 204 TAMPA, FL 33602	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Feyer, Artie 601 E. Kennedy Blvd, 25th Floor Tampa, FL 32602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED MCKAY, WILMA K 207 W PARK AVE, FIRST FLOOR TALLAHASSEE, FL 32301	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED McKay, Wilma 820 E. Park Ave Ste E200 Tallahassee, FL 32301
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 file empowered.			
SIGNATURE: 		DATE 1/12/07 Daytime Phone # 850-224-4774	