01-18-2007 90111 041 ****61.25
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2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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	Mailing Address
207 W PARK AVE FIRST FLOOR TALLAHASSEE, FL 32301 US	207 W PARK AVE FIRST FLOOR TALLAHASSEE, FL 32301 US

01122007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
820 E. Park Ave	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~~ 820 E. Park Ave Bldg E-200
TALLAHASSEE, FL 32301 Tallahassee, FL

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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	☐ Delete	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	~~P~~ ~~EDWARDS, JOHN W. JR.~~ ~~421 WEST CHURCH ST STE 705~~ ~~JACKSONVILLE, FL 32204~~	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Collins, Carolyn 4002 La Salle Street Tampa, FL 33607
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~S~~ JOHNSON, DELORIS ~~7301 LYNCHBURG RD~~ ~~WINTER HAVEN, FL 33881~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Johnson, Deloris 300 Lynchberg Rd Lake Alfred, FL 33850-9103
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~T~~ FRYER, ARTIE 505 EAST JACKSON ST STE 204 TAMPA, FL 33602	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	UP Fryer, Artie 601 E. Kennedy Blvd, 25th Floor Tampa, FL 33602
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ED MCKAY, WILMA K ~~207 W PARK AVE, FIRST FLOOR~~ ~~TALLAHASSEE, FL 32301~~	☐ Delete	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		☐ Delete	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 like empowered.

SIGNATURE: _____ 1/12/07 850-224-4774
SIGNATURE AND TYPED OR PRINTED NAME OF FLORIDA OFFICER OR DIRECTOR — Date — Daytime Phone #