

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760230

FILED
Jan 14, 2009
Secretary of State

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

Current Principal Place of Business:

820 E. PARK AVE.
SUITE E-200
TALLAHASSEE, FL 32301 US

New Principal Place of Business:

Current Mailing Address:

820 E. PARK AVE.
SUITE E-200
TALLAHASSEE, FL 32301 US

New Mailing Address:

FEI Number: 59-2929791

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCKAY, WILMA K
820 E. PARK AVE.
SUITE E-200
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: S () Delete
Name: ATKINS, WILLIAM
Address: 395 NW 1ST STREET STE 101
City-St-Zip: MIAMI, FL 331281698 US

Title: C () Delete
Name: COLLINS, CAROLYN
Address: 4002 LA SALLE STREET
City-St-Zip: TAMPA, FL 33607 US

Title: T () Delete
Name: JOHNSON, DELORIS
Address: 300 LYNCHBERG RD.
City-St-Zip: LAKE ALFRED, FL 338509000 US

Title: V () Delete
Name: FRYER, ARTIE
Address: 601 E. KENNEDY BLVD., 25TH FLOOR
City-St-Zip: TAMPA, FL 33602 US

Title: ED () Delete
Name: MCKAY, WILMA K
Address: 820 E. PARK AVE., STE. E-200
City-St-Zip: TALLAHASSEE, FL 32301 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change () Addition
Name: ATKINS, WILLIAM
Address: 701 NW 1CT STE 10-101
City-St-Zip: MIAMI, FL 33136 US

Title: C (X) Change () Addition
Name: HOLT, WILLIAM
Address: 4129 57TH AVE
City-St-Zip: VERO BEACH, FL 32967 US

Title: T (X) Change () Addition
Name: JOHNSON, DELORIS
Address: 300 LYNCHBERG RD.
City-St-Zip: LAKE ALFRED, FL 33850 US

Title: VC (X) Change () Addition
Name: FRYER, ARTIE
Address: 601 E. KENNEDY BLVD., 25TH FLOOR
City-St-Zip: TAMPA, FL 33602 US

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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

01/14/2009

Electronic Signature of Signing Officer or Director

Date