

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760230

FILED  
Apr 25, 2011  
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: ED  
Name: MCKAY, WILMA K  
Address: 820 E. PARK AVE., STE. E-200  
City-St-Zip: TALLAHASSEE, F 32301 U

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: WILMA MCKAY

ED

04/25/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date