FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

SEP 19 PM 9:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **766598** (7)

1 CORPORATE NAME

FLORIDA CULTURAL ACTION ALLIANCE, INC.

Principal Place of Business	Mailing Address
5600 N.DIXIE #1410 (33407) PO BOX 2131 W. PALM BCH FL 33402	5600 N.DIXIE #1410 (33407) PO BOX 2131 W. PALM BCH FL 33402

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
01/19/1983	05/01/1994

4. FEI Number: **59-2335448** ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26	5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
City & State 23	City & State 28	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ — **$68.75** Supplemental Fee Not Required
Zip / County 24 / 25	Zip / County 29 / 30	8. This corporation has elected to be governed by ss. 617.301-617.312, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

LONG, SHERRON
5600 N. DIXIE, #1410
W. PALM BCH FL 33407

10. Name and Address of New Registered Agent

81	Name		
82	Street Address (P.O. Box Number is Not Acceptable)		
83			
84	City	**FL** 85	Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: (If changing registered office, signature of registered agent required. If changing registered agent, signature of new registered agent required.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES, TO OFFICERS AND DIRECTORS IN 12.	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	STAVROS, PAUL	12 NAME	
STREET ADDRESS	ONE BEACH DRIVE, S.E.	13 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	14 CITY-ST-ZIP	
TITLE	PD	21 TITLE	☐ Change ☐ Addition
NAME	STEINBERG, MARK	22 NAME	
STREET ADDRESS	1401 NW 22ND ST.	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	
TITLE	VD	31 TITLE	☐ Change ☐ Addition
NAME	DAVIDSON, TIPPEN	32 NAME	
STREET ADDRESS	901 6TH STREET	33 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	RAY, WILLIAM	42 NAME	
STREET ADDRESS	1555 PALM BEACH LAKES BLVD,.	43 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: VP 4-19-95 407-848-6231

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0047764