

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 18 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **766598** (7)

1. Corporation Name

**FLORIDA CULTURAL ACTION ALLIANCE, INC.**

Principal Place of Business

Mailing Address

**5600 POINSETTIA AVE #1410  
PO BOX 2131  
W. PALM BCH FL 33402  
US**

**5600 POINSETTIA AVE #1410  
PO BOX 2131  
W. PALM BCH FL 33402  
US**

3. Date Incorporated or Qualified

**01/19/1983**

4. FEI Number

**59-2335448**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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25

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30

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LONG, SHERRON  
5600 POINSETTIA AVE  
#1410  
W. PALM BCH FL 33407**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VD  
KEN ROLLINS  
222 PONCE DE LEON BLVD  
BELLEAIR FL**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PD  
STEINBERG, MARK  
1401 NW 22ND ST.  
MIAMI FL**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
DAVIDSON, TIPPEN  
901 6TH STREET  
DAYTONA BEACH FL**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
RAY, WILLIAM  
1555 PALM BEACH LAKES BLVD.  
WEST PALM BEACH FL**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I hereby certify that the information supplied with this filing 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: **Sherron Long (SHERRON LONG) 2-12-98 561-848-6231**

CR2E037 (10/97)