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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 766598

1. Corporation Name

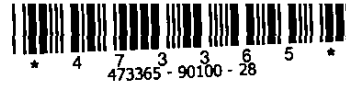
FLORIDA CULTURAL ACTION ALLIANCE, INC.

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

3. Date Incorporated or Qualified

01/19/1983

4. FEI Number

59-2335448

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

LONG, SHERRON
5600 POINSETTIA AVE
#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 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

TITLE ☒ D ☐ DELETE

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

TITLE ☒ D ☐ DELETE

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

TITLE ☒ PD ☐ DELETE

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

TITLE ☒ D ☐ DELETE

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

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
VPD
Mary Becht
1000 S. Anchorage, 6th Floor
Ft. Lauderdale, FL 33301

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
VPD
Michael Spring
111 N.W. 1st Street Suite 625
Miami, FL 33128

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, with all other like empowered.

SIGNATURE:

SHERRON LONG 4-2899

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Dealing Phone #

CR2E037 (11/98)