


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90273 012 ****61.25

DOCUMENT # 766598 1. Entity Name FLORIDA CULTURAL ACTION ALLIANCE, INC.					
Principal Place of Business 5600 N FLAGLER DRIVE UNIT 1410 WEST PALM BEACH, FL 33407 US			Mailing Address PO BOX 2131 W. PALM BCH, FL 33402 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2335448	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LONG, SHERRON 5600 N FLAGLER DRIVE #1410 W. PALM BCH, FL 33407				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STEINBERG, MARK		NAME		
STREET ADDRESS	1401 NW 22ND ST.		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DAVIDSON, TIPPEN		NAME	Chairman / Director	
STREET ADDRESS	PO BOX 2831		STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH, FL 32120		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BECHT, MARY		NAME	Vice Chair / Director	
STREET ADDRESS	100 S. AMCHEUS AVE., 6TH FLOOR		STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE, FL 33351		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SPRING, MICHAEL		NAME	Vice Chair / Director	
STREET ADDRESS	111 N.W. 1ST STREET, SUITE 625		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33128		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME	PRESIDENT	
STREET ADDRESS			STREET ADDRESS	SHERON LONG	
CITY-ST-ZIP			CITY-ST-ZIP	5600 N. FLAGLER DR	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME	WEST PALM BEACH, FL 33407	
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Sheron Long, President</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			7-26-04 561-848-6231 <small>Date Daytime Phone #</small>		