

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766598

FILED
Apr 29, 2005
Secretary of State

Entity Name: FLORIDA CULTURAL ACTION ALLIANCE, INC.

Current Principal Place of Business:

5600 N FLAGLER DRIVE
UNIT 1410
WEST PALM BEACH, FL 33407 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 2131
W. PALM BCH, FL 33402 US

New Mailing Address:

FEI Number: 59-2335448

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LONG, SHERRON
5600 N FLAGLER DRIVE
#1410
W. PALM BCH, FL 33407 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: D () Delete
Name: STEINBERG, MARK,
Address: 1401 NW 22ND ST.
City-St-Zip: MIAMI, FL

Title: CD () Delete
Name: DAVIDSON, TIPPEN,
Address: PO BOX 2831
City-St-Zip: DAYTONA BEACH, FL 32120

Title: VCD () Delete
Name: BECHT, MARY
Address: 100 S. AMCHEUS AVE., 6TH FLOOR
City-St-Zip: FT LAUDERDALE, FL 33351

Title: VCD () Delete
Name: SPRING, MICHAEL
Address: 111 N.W. 1ST STREET, SUITE 625
City-St-Zip: MIAMI, FL 33128

Title: P () Delete
Name: LONG, SHRRON
Address: 5600 N. FLAGLER DRIVE
City-St-Zip: WEST PALM BEACH, FL 33407

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: SHERRON LONG

P

04/29/2005

Electronic Signature of Signing Officer or Director

Date