## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F07000001735

FILED Aug 08, 2008 Secretary of State

Entity Name: THE ACTORS' FUND OF AMERICA INCORPORATED **Current Principal Place of Business: New Principal Place of Business:** 729 7TH AVE, 10TH FL NEW YORK, NY 10019 **Current Mailing Address: New Mailing Address:** 729 7TH AVE, 10TH FL ATT: JOY PASCUA-KIM 729 7TH AVE, 10TH FL NEW YORK, NY 10019 NEW YORK, NY 10019 FEI Number: 13-1635251 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PAULEY, LARRY CT CORPORATION 859 SNELL ISLE BLVD 1200 SOUTH PINE ISLAND ROAD ST. PETERSBURG, FL 33704 PLANTATION, FL 33324 US 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: MICHAEL MITCHELL 08/08/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete BENINCASA, JOSEPH P Name: Name: 729 7TH AVE 10TH FLOOR Address: Address: City-St-Zip: NEW YORK, NY 10019 City-St-Zip: Title: CFO () Delete Title: () Change () Addition Name: LOPEZ-LINUS, TONY Name: Address: 729 7TH AVE 10TH FLOOR Address: City-St-Zip: NEW YORK, NY 10019 City-St-Zip: Title: TREA () Delete Title: () Change () Addition DUNCAN, JOHN A Name: Name: 60 LONG POINT DRIVE Address: Address: City-St-Zip: AMELIA ISLAND, FL 32034 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: JOSEPH P BENINCASA ED 08/08/2008