

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H40592

Entity Name: F.H.C.A. SERVICE CORP.

FILED  
Apr 16, 2009  
Secretary of State

## Current Principal Place of Business:

307 W PARK AVE  
TALLAHASSEE, FL 32301

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 1459  
TALLAHASSEE, FL 32302

## New Mailing Address:

FEI Number: 59-2709669

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PHELAN, WILLIAM J MR.  
307 W PARK AVE  
TALLAHASSEE, FL 32301 US

## Name and Address of New Registered Agent:

REED, JAMES E MR.  
307 W PARK AVE  
TALLAHASSEE, FL 32301 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: JAMES E. REED

04/16/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: SCHIFF, SID  
Address: 220 SIERRA DRIVE  
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: VP ( ) Delete  
Name: FRANKLIN, DEBORAH  
Address: 851 W LUMSDEN RD  
City-St-Zip: BRANDON, FL 33511

Title: D ( ) Delete  
Name: PHELAN, WILLIAM J.(EXEC)  
Address: 307 W PARK AVE  
City-St-Zip: TALLAHASSEE, FL

Title: SEC ( ) Delete  
Name: WILLINGHAM, NINA  
Address: 8104 TUTTLE AVENUE  
City-St-Zip: SARASOTA, FL 34243

Title: T ( ) Delete  
Name: MARSHALL, ANTHONY  
Address: 307 WEST PARK AVENUE  
City-St-Zip: TALLAHASSEE, FL 32301

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change ( ) Addition  
Name: REED, JAMES E. (EXEC)  
Address: 307 W PARK AVE  
City-St-Zip: TALLAHASSEE, FL

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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTHONY MARSHALL

T

04/16/2009

Electronic Signature of Signing Officer or Director

Date