

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006810

FILED
Apr 30, 2008
Secretary of State

Entity Name: FACTOR FOUNDATION OF AMERICA, INC.

Current Principal Place of Business:

950 PENINSULA CORPORATE CIRCLE
SUITE 3017
BOCA RATON, FL 33487

New Principal Place of Business:

Current Mailing Address:

950 PENINSULA CORPORATE CIRCLE
SUITE 3017
BOCA RATON, FL 33487

New Mailing Address:

FEI Number: 65-1048127

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MADEIROS, KIM J
950 PENINSULA CORPORATE CIRCLE
SUITE 3017
BOCA RATON, FL 33487 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: MADEIROS, KIM
Address: 950 PENINSULA CORPORATE CIR, #3017
City-St-Zip: BOCA RATON, FL 33487

Title: D () Delete
Name: BOTT, DONALD
Address: 950 PENINSULA CORPORATE CIR, #3017
City-St-Zip: BOCA RATON, FL 33487

Title: D () Delete
Name: JUHL, JEANETTE
Address: 170 SANTA BARBARA WAY
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: D () Delete
Name: OCAMPO, NORINA B M.D.
Address: 9970 CENTRAL PARK BOULEVARD
City-St-Zip: BOCA RATON, FL 33428

Title: D () Delete
Name: MASSOLIO, MARY ANN
Address: 4901 WEST CYPRESS STREET
City-St-Zip: TAMPA, FL 33607

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: MOABERY, CATHY
Address: 10058 EL CABALLO COURT
City-St-Zip: DELRAY BEACH, FL 33446

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

SIGNATURE: KIM MADEIROS

ED

04/30/2008

Electronic Signature of Signing Officer or Director

Date