

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2007 8:00 am
Secretary of State

02-20-2007 90042 047 ****70.00

DOCUMENT # N01000008234																																																																																																																																																											
1. Entity Name CFACS, INC.																																																																																																																																																											
Principal Place of Business 4980 E COMMERCIAL STE. D FORT LAUDERDALE, FL 33334			Mailing Address PO BOX 23972 FT LAUDERDALE, FL 33307																																																																																																																																																								
2. Principal Place of Business - No P.O. Box #			3. Mailing Address																																																																																																																																																								
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Country		Country		4. FEI Number 65-1154479																																																																																																																																																							
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable																																																																																																																																																							
6. Name and Address of Current Registered Agent TOLBERT, CHARLES FREDERICK 2303 W MCNAB RD #6 POMPANO BEACH, FL 33069				7. Name and Address of New Registered Agent Name <u>Charles Frederick Tolbert</u> Street Address (P.O. Box Number is Not Acceptable) <u>5063 Mirror Lakes Blvd</u> City <u>Boynton Beach</u> <u>FL</u> Zip Code <u>33437</u>																																																																																																																																																							
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 <u>Charles Frederick Tolbert Pastor</u> Feb 16, 07 <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, 2007		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																																																																																																																																																											
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. 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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Charles Frederick Tolbert</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Feb 16, 07 9542951464 <small>Date Daytime Phone #</small>																																																																																																																																																							