2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2007
Secretary of State

DOCUMENT# N04000007913

Entity Name: THE SUPPORTIVE ACTION COMMITTEE, INC.

Current Principal Place of Business:

P.O. BOX 901055
HOMESTEAD, FL 33090 US

New Principal Place of Business:

559 NW 4TH STREET
HOMESTEAD, FL 33030 US

Current Mailing Address:

P.O. BOX 901055
HOMESTEAD, FL 33090 US

New Mailing Address:

FEI Number: 34-2000447 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SALOMON, CARLOS
28205 SW 125 AVE.
HOMESTEAD, FL 33030 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: PRES ( ) Delete
Name: NASSAR, GAMAEL PRES.
Address: P.O. BOX 901055
City-St-Zip: HOMESTEAD, FL 33090 US

Title: VP ( ) Delete
Name: DORSINVIL, FRANKLIN J VICE-P
Address: P.O. BOX 901055
City-St-Zip: HOMESTEAD, FL 33090 US

Title: T ( ) Delete
Name: JEAN, MARGUERITE TRES.
Address: P.O. BOX 901055
City-St-Zip: HOMESTEAD, FL 33090 US

Title: S ( ) Delete
Name: SALOMON, CARLOS FOUNDER
Address: P.O. BOX 901055
City-St-Zip: HOMESTEAD, FL 33090 US

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: CARLOS SALOMON DIR. 02/08/2007

Electronic Signature of Signing Officer or Director — Date