## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000007913

FILED May 06, 2008 Secretary of State

Entity Name: THE SUPPORTIVE ACTION COMMITTEE, INC. **Current Principal Place of Business: New Principal Place of Business:** 559 NW 4TH STREET HOMESTEAD, FL 33030 US **Current Mailing Address: New Mailing Address:** P.O. BOX 901055 HOMESTEAD, FL 33090 US FEI Number: 34-2000447 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: SALOMON, CARLOS SALOMON, CARLOS 28205 SW 125 AVE. 15638 SW 132 AVE HOMESTEAD, FL 33030 HOMESTEAD, FL 33030 US 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: CARLOS SALOMON 05/06/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: **PRES** () Change () Addition () Delete NASSAR, GAMAEL PRES. Name: Name: P.O. BOX 901055 Address: Address: City-St-Zip: HOMESTEAD, FL 33090 US City-St-Zip: Title: () Delete Title: () Change () Addition Name: DORSINVIL, FRANKLIN J VICE-P Name: Address: P.O. BOX 901055 Address: City-St-Zip: HOMESTEAD, FL 33090 US City-St-Zip: Title: () Delete Title: () Change () Addition JEAN, MARGUERITE TRES. Name: Name: P.O. BOX 901055 Address: Address: City-St-Zip: HOMESTEAD, FL 33090 US City-St-Zip: Title: ( ) Delete Title: () Change () Addition Name: SALOMON, CARLOS FOUNDER Name: Address: P.O. BOX 901055 Address: City-St-Zip: HOMESTEAD, FL 33090 US 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: CARLOS SALOMON DIRE 05/06/2008