

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009400

FILED
Feb 22, 2007
Secretary of State

Entity Name: THE FORECLOSURE ADVISORY COUNCIL, INC.

Current Principal Place of Business:

P.O. BOX 621514
OVIEDO, FL 32762

New Principal Place of Business:

1969 ALAFAYA TRAIL
SUITE 303
ORLANDO, FL 32828

Current Mailing Address:

P.O. BOX 621514
OVIEDO, FL 32762

New Mailing Address:

FEI Number: 20-2335714

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AMBRE, KEVA
PO BOX 780293
ORLANDO, FL 32878 US

Name and Address of New Registered Agent:

HARRISON, PATRICIA
1969 S ALAFAYA TR
SUITE 303
ORLANDO, FL 32828 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: PATRICIA HARRISON

02/22/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CHRP () Delete
Name: HARRISON, PATTI PRESIDE
Address: P.O. BOX 621514
City-St-Zip: OVIEDO, FL 32762

Title: V () Delete
Name: HARTLEY, AMANDA VICE PR
Address: PO BOX 621514
City-St-Zip: OVIEDO, FL 32762

Title: ST () Delete
Name: AMBRE, KEVA
Address: 2212 S. CHICKASAW #184
City-St-Zip: ORLANDO, FL 32825

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: HARRISON, PATTI
Address: P.O. BOX 621514
City-St-Zip: OVIEDO, FL 32762

Title: VP (X) Change () Addition
Name: BERNHARDT, CELINA
Address: PO BOX 621514
City-St-Zip: OVIEDO, FL 32762

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: PATTI HARRISON

PRES

02/22/2007

Electronic Signature of Signing Officer or Director

Date