## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000009400

FILED Apr 29, 2008 Secretary of State

Entity Name: THE FORECLOSURE ADVISORY COUNCIL, INC.

Current Principal Place of Business: New Principal Place of Business:

1969 ALAFAYA TRAIL SUITE 303 ORLANDO, FL 32828 2201 EUGENIA CT OVIEDO, FL 32765

Current Mailing Address: New Mailing Address:

P.O. BOX 621514 OVIEDO, FL 32762

FEI Number: 20-2335714 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HARRISON, PATRICIA 1969 S ALAFAYA TR SUITE 303 ORLANDO, FL 32828 US HARRISON, PATRICIA 2201 EUGENIA CT OVIEDO, FL 32765 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 04/29/2008

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Change () Addition

Title: PRES () Delete
Name: HARRISON, PATTI
Address: P.O. BOX 621514

Address: P.O. BOX 621514 City-St-Zip: OVIEDO, FL 32762

 Title:
 VP
 ( ) Delete

 Name:
 BERNHARDT, CELINA

 Address:
 PO BOX 621514

 City-St-Zip:
 OVIEDO, FL 32762

Title: ST (X) Delete
Name: AMBRE, KEVA

Address: 2212 S. CHICKASAW #184
City-St-Zip: ORLANDO, FL 32825

Address: City-St-Zip:

Title: ST (X) Change ( ) Addition
Name: AMBRE, KEVA
Address: PO BOX 621514
City-St-Zip: OVIEDO, FL 32762

Title: ( ) Change ( ) Addition

Name: Address: City-St-Zip:

Name:

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: PATRICIA HARRISON PRES 04/29/2008