

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06891

FILED  
Mar 07, 2006  
Secretary of State

**Entity Name:** FLORIDA CONSUMER ACTION NETWORK, INC.

**Current Principal Place of Business:**

2005 PAN AM CIRCLE  
SUITE 200  
TAMPA, FL 336072315 US

**New Principal Place of Business:**

**Current Mailing Address:**

2005 PAN AM CIRCLE  
SUITE 200  
TAMPA, FL 336072315 US

**New Mailing Address:**

**FEI Number:** 59-2475292      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

HENDRICKSON, DAN B  
319 E PARK AVE  
TALLAHASSEE, FL 32301 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: DP ( ) Delete  
Name: HALL, STEVE  
Address: 2153 WEST OAKRIDGE RD  
City-St-Zip: ORLANDO, FL 32809

Title: TD ( ) Delete  
Name: BUSANSKY, SHELDON  
Address: 3611 SCHFFLER ROAD  
City-St-Zip: TAMPA, FL 33618

Title: DS ( ) Delete  
Name: HENDRICKSON, DAN  
Address: PO BOX 1201  
City-St-Zip: TALLAHASSEE, FL 323021201

Title: DV ( ) Delete  
Name: OBERTING, CAM  
Address: 11318 SLIGH AVENUE  
City-St-Zip: SEFFNER, FL 33584

Title: D ( ) Delete  
Name: HOWEY, JOHN  
Address: 285 VILLAGE GREEN AVE  
City-St-Zip: JACKSONVILLE, FL 322597917

Title: ED ( ) Delete  
Name: NEWTON, BILL  
Address: 8730 N HIMES AVE #215  
City-St-Zip: TAMPA, FL 33614

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: DAVIS, ANITA  
Address: 708 BRAGG DR  
City-St-Zip: TALLAHASSEE, FL 32310

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DV (X) Change ( ) Addition  
Name: WORLEY, RAY  
Address: 4231 SE 24TH TR  
City-St-Zip: OKEECHOBEE, FL 34974

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: BILL NEWTON

ED

03/07/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date