


FILED
Mar 28, 2008 8:00 am
Secretary of State

03-28-2008 90044 026 ****61.25

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N07000010945			
1. Entity Name THE FCRA EDUCATION FOUNDATION, INC.			
Principal Place of Business 8022 ALAFIA RD RIVERVIEW, FL 33569		Mailing Address 8022 ALAFIA RD RIVERVIEW, FL 33569 <i>CHANGE OF ADDRESS</i>	
2. Principal Place of Business - No P.O. Box # 721 S.E. COUNTY RD 357		3. Mailing Address 721 S.E. COUNTY RD 357	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Mayo, FL 32066		City & State Mayo, FL	
Zip 32066	Country USA	Zip 32066	Country USA
4. FEI Number 83-0500037		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SUAREZ, JAMIE 8022 ALAFIA RD RIVERVIEW, FL 33569 721 S.E. CR. 357 Mayo, FL 32066		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C CLUTTER, GAYLE 983 TAHOE TRAIL LILBURN, GA 30047 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T OLIVIA, MARTHA 2717 SW 21ST TERRACE MIAMI, FL 33145 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SUAREZ, JAMIE 8022 ALAFIA RD 721 S.E. COUNTY RD 357 RIVERVIEW, FL 33569 Mayo, FL 32066 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Jamie Suarez</i> JAMIE SUAREZ		3/25/08 386-254-2827	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	