## 2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

# DOCUMENT# N08000005083

TileD
Dec 01, 2009
Secretary of State

Entity Name: THE F.A.C.E. FOUNDATION, INC.

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

6601 NW 167 STREET MIAMI, FL 33015

Current Mailing Address: New Mailing Address:

6601 NW 167 STREET MIAMI, FL 33015

FEI Number: 26-2696271 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

LAW OFFICES OF MARLON E. BRYAN PA MARLONE E BRYAN ESQ 5701 SHERIDAN STREET HOLLYWOOD, FL 33021 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:

- Flateric Circular (Davidson | Annal

## Electronic Signature of Registered Agent

#### Date

### **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 D
 ( ) Delete
 Title:
 D
 (X) Change ( ) Addition

 Name:
 PEDRONE, DINO J DR.
 Name:
 HUIZENGA, WAYNE

 Address:
 6601 NW 167 STREET
 Address:
 6601 NW 167 STREET

 City-St-Zip:
 MIAMI, FL 33015
 MIAMI, FL 33015
 MIAMI, FL 33015

Title: D ( ) Delete Title: D (X) Change ( ) Addition Name: BURRELL, DANIEL L DR. Name: TRINCA, SANDY

Address: 6601 NW 167 STREET Address: 6601 NW 167 STREET
City-St-Zip: MIAMI, FL 33015
City-St-Zip: MIAMI, FL 33015

Title: D () Delete Title: D (X) Change () Addition

 Name:
 OSTER, JOANNA DR.
 Name:
 KONCHAK, CRAIG

 Address:
 6601 NW 167 STREET
 Address:
 6601 NW 167 STREET

 City-St-Zip:
 MIAMI, FL 33015
 City-St-Zip:
 MIAMI, FL 33015

Title: ( ) Delete Title: D ( ) Change (X) Addition

 Name:
 Name:
 MCNEAL, RHONDA

 Address:
 Address:
 6601 NW 167 STREET

 City-St-Zip:
 City-St-Zip:
 MIAMI, FL 33015

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: WAYNE HUIZENGA D 12/01/2009