2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# N08000009598

Entity Name: FLORIDA ALLIANCE FOR COMMUNITY EMPOWERMENT, INC.

Current Principal Place of Business:

86 JUNIPER ROAD
HOLLYWOOD, FL 33021

New Principal Place of Business:

Current Mailing Address:

86 JUNIPER ROAD
HOLLYWOOD, FL 33021

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LOO, ARMANDO
86 JUNIPER ROAD
HOLLYWOOD, FL 33021 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: PC ( ) Delete
Name: VIGNONE-LOO, CAROL ANN
Address: 86 JUNIPER ROAD
City-St-Zip: HOLLYWOOD, FL 33021

Title: VS ( ) Delete
Name: LOO-CUERVO, ARLEEN F
Address: 86 JUNIPER ROAD
City-St-Zip: HOLLYWOOD, FL 33021

Title: T ( ) Delete
Name: LOO, ALLISON M
Address: 86 JUNIPER ROAD
City-St-Zip: HOLLYWOOD, FL 33021

Title: D ( ) Delete
Name: LOO, ARMANDO F
Address: 86 JUNIPER ROAD
City-St-Zip: HOLLYWOOD, FL 33021

Title: D ( ) Delete
Name: CUERVO, GUSTAVO
Address: 86 JUNIPER ROAD
City-St-Zip: HOLLYWOOD, FL 33021

Title: D ( ) Delete
Name: LOO, RUSSELL A
Address: 86 JUNIPER ROAD
City-St-Zip: HOLLYWOOD, FL 33021

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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 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: CAROLANN VIGNONE-LOO PC 04/29/2009
Electronic Signature of Signing Officer or Director — Date