

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08315

FILED  
Apr 17, 2007  
Secretary of State

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

**Current Principal Place of Business:**

2005 PAN AM CIRCLE  
SUITE 200  
TAMPA, FL 336072315 US

**New Principal Place of Business:**

3018 W KENNEDY BLVD  
SUITE B  
TAMPA, FL 33609 US

**Current Mailing Address:**

2005 PAN AM CIRCLE  
SUITE 200  
TAMPA, FL 336072315 US

**New Mailing Address:**

3018 W KENNEDY BLVD  
SUITE B  
TAMPA, FL 33609 US

**FEI Number:** 59-2475079

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HENDRICKSON, DAN  
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: D ( ) Delete  
Name: CURIEL, ALISA  
Address: 275 JOHN KNOX RD APT M-101  
City-St-Zip: TALLAHASSEE, FL 32303

Title: D ( ) Delete  
Name: GASSER, ROSE MARIE  
Address: 12425 6TH STREET EAST  
City-St-Zip: TREASURE ISLAND, FL 33706

Title: D ( ) Delete  
Name: EVANS, JANICE  
Address: 1720 NW 81ST WAY  
City-St-Zip: PLANTATION, FL 33322

Title: PD ( ) Delete  
Name: HENDRICKSON, DAN  
Address: 704 W MADISON ST  
City-St-Zip: TALLAHASSEE, FL 32304

Title: SD ( ) Delete  
Name: FOSTER, WINNIE  
Address: 311 57TH AVE S  
City-St-Zip: ST PETERSBURG, FL 33705

Title: ED ( ) Delete  
Name: NEWTON, BILL  
Address: 2005 PAN AM CIRCLE STE 200  
City-St-Zip: TAMPA, FL 33607

**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: ED (X) Change ( ) Addition  
Name: NEWTON, BILL  
Address: 3018 W KENNEDY BLVD STE B  
City-St-Zip: TAMPA, FL 33609

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

04/17/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date