2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2008
Secretary of State

DOCUMENT# N08315

Entity Name: FLORIDA CONSUMER ACTION NETWORK FOUNDATION, INC.

Current Principal Place of Business:

3018 W KENNEDY BLVD
SUITE B
TAMPA, FL 33609 US

New Principal Place of Business:

Current Mailing Address:

3018 W KENNEDY BLVD
SUITE B
TAMPA, FL 33609 US

New Mailing Address:

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:	3018 W KENNEDY BLVD STE B	
City-St-Zip:	TAMPA, FL 33609	

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: BILL NEWTON ED 02/26/2008

Electronic Signature of Signing Officer or Director — Date