

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08315

FILED
Mar 30, 2010
Secretary of State

Entity Name: FLORIDA CONSUMER ACTION NETWORK FOUNDATION, INC.

Current Principal Place of Business:

3006 W KENNEDY BLVD
SUITE B
TAMPA, FL 33609 US

New Principal Place of Business:

Current Mailing Address:

3006 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
Name: CURIEL, ALISA
Address: 275 JOHN KNOX RD APT M-101
City-St-Zip: TALLAHASSEE, FL 32303

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

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

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

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

Title: ED
Name: NEWTON, BILL
Address: 3006 W KENNEDY BLVD STE B
City-St-Zip: TAMPA, FL 33609

I hereby 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 all other like empowered.

SIGNATURE: BILL NEWTON

ED

03/30/2010

Electronic Signature of Signing Officer or Director

Date