2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2006 08:00 AM
Secretary of State

DOCUMENT # N93000001305

1. Entity Name
FLORIDA ASSOCIATION OF COMMUNITY CORRECTIONS, FOUNDATION, INC.

Principal Place of Business	Mailing Address
1970 MAIN STREET FOURTH FLOOR SARASOTA, FL 34236	P.O. BOX 7800 C/O LAKE COUNTY PROBATION DIV TAVARES, FL 32778

DO NOT WRITE IN THIS SPACE

03062006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-3181421

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

REARDON, COLLEEN
1470 MAIN STREET
FOURTH FLOOR
SARASOTA, FL 34236

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000001479241
04/08/06-80039-007 70.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MCGRIFF, DAVID
STREET ADDRESS	5040 NW 75 STREET, STE 120
CITY-ST-ZIP	MIAMI, FL 33125
TITLE	VP
NAME	BLEYMAN, BECKY
STREET ADDRESS	800 VIRGINIA AVE.
CITY-ST-ZIP	FT. PIERCE, FL 34950
TITLE	TD
NAME	DEATON, TONY
STREET ADDRESS	P.O BOX 7800
CITY-ST-ZIP	TAVARES, FL 33789
TITLE	S
NAME	REARDON, COLLEEN
STREET ADDRESS	1970 MAIN ST 4TH FLOOR
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Tony Deaton /TONY DEATON 3/18/06 (352) 343-2525
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #