



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90088 005 ****70.00

DOCUMENT # N93000001305 1. Entity Name FLORIDA ASSOCIATION OF COMMUNITY CORRECTIONS, FOUNDATION, INC.					
Principal Place of Business 1970 MAIN STREET FOURTH FLOOR SARASOTA, FL 34236			Mailing Address P.O. BOX 7800 C/O LAKE COUNTY PROBATION DIV TAVARES, FL 32778		
2. Principal Place of Business - No P.O. Box # 1300 S Duncan Drive Suite, Apt. #, etc. Bldg E		3. Mailing Address Suite, Apt. #, etc.			
City & State Tavares FL		City & State		4. FEI Number 59-3181421	
Zip 32778		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent REARDON, COLLEEN 1470 MAIN STREET FOURTH FLOOR SARASOTA, FL 34236			7. Name and Address of New Registered Agent Name Tony Deaton Street Address (P.O. Box Number is Not Acceptable) 1300 S Duncan Drive Bldg E City Tavares FL Zip Code 32778		
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 <u><i>Tony Deaton</i></u> DATE <u>4/12/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCGRUFF, DAVID 5040 NW 75 STREET, STE 120 MIAMI, FL 33125	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P McMahon, John 5631 Van Dyke Rd Lutz FL 33558
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BLEYMAN, BECKY 800 VIRGINIA AVE. FT. PIERCE, FL 34950	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Lewis, Don 4524 Oak Fair Blvd Suite 202 Tampa FL 33610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DEATON, TONY P.O BOX 7800 TAVARES, FL 33788	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S REARDON, COLLEEN 1970 MAIN ST 4TH FLOOR SARASOTA, FL 34236	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>Tony Deaton</i></u> TONY DEATON <u>4/12/07 (352) 742-6567</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					