

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001305

FILED
Jul 09, 2008
Secretary of State

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

Current Principal Place of Business:

1300 S. DUNCAN DRIVE
BLDG E
TAVARES, FL 32778

New Principal Place of Business:

1522 ARBOR LAKES CIRLCE
SANFORD, FL 32771

Current Mailing Address:

P.O. BOX 7800
C/O LAKE COUNTY PROBATION DIV
TAVARES, FL 32778

New Mailing Address:

P.O. BOX 1051
C/O DEREK GALLAGHER
SANFORD, FL 32772

FEI Number: 59-3181421 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

DEATON, TONY
1300 S. DUNCAN DRIVE BLDG E
TAVARES, FL 32778 US

Name and Address of New Registered Agent:

GALLAGER, DEREK
1522 ARBOR LAKES CIRCLE
SANFORD, FL 32771 US

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: DEREK GALLAGHER

07/09/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MCMAHON, JOHN
Address: 5631 VAN DYKE RD
City-St-Zip: LUTZ, FL 33558

Title: VP () Delete
Name: LEWIS, DON
Address: 4524 OAK FAIR BLVD SUITE 202
City-St-Zip: TAMPA, FL 33610

Title: TD () Delete
Name: DEATON, TONY
Address: P.O BOX 7800
City-St-Zip: TAVARES, FL 33788

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TR (X) Change () Addition
Name: GALLAGHER, DEREK
Address: P.O BOX 1051
City-St-Zip: SANFORD, FL 32772

Title: SECT () Change (X) Addition
Name: LONGWORTH, SHARON
Address: 14 NE 1ST STREET
City-St-Zip: GAINESVILLE, FL 32601

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: DEREK GALLAGHER

TR

07/09/2008

Electronic Signature of Signing Officer or Director

Date