2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2009
Secretary of State

DOCUMENT# N93000001305

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

Current Principal Place of Business:

1522 ARBOR LAKES CIRLCE
SANFORD, FL 32771

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-3181421 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GALLAGER, DEREK
1522 ARBOR LAKES CIRCLE
SANFORD, FL 32771 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:	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:	TR	( ) Delete
Name:	GALLAGHER, DEREK	
Address:	P.O BOX 1051	
City-St-Zip:	SANFORD, FL 32772	
Title:	SECT	( ) Delete
Name:	LONGWORTH, SHARON	
Address:	14 NE 1ST STREET	
City-St-Zip:	GAINESVILLE, FL 32601	

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:	

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 03/20/2009

Electronic Signature of Signing Officer or Director — Date