

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000036

FILED
Jun 15, 2006
Secretary of State

Entity Name: FLORIDA ADVISORY COUNCIL, INC.

Current Principal Place of Business:

2525 PONCE DE LEON BLVD, STE. 400
CORAL GABLES, FL 33134 US

New Principal Place of Business:

Current Mailing Address:

2525 PONCE DE LEON BLVD, STE. 400
CORAL GABLES, FL 33134 US

New Mailing Address:

FEI Number: 65-0542858 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
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:

ST JOHN, GREGORY
2525 PONCE DE LEON BLVD, STE. 400
CORAL GABLES, FL 33134 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: T () Delete
Name: ADORNO, HENRY N
Address: 2525 PONCE DE LEON BLVD, STE. 400
City-St-Zip: CORAL GABLES, FL 33134 US

Title: T () Delete
Name: GUERRA, PHIL
Address: 2525 PONCE DE LEON BLVD, STE. 400
City-St-Zip: CORAL GABLES, FL 33134 US

Title: T () Delete
Name: ST JOHN, GREGORY
Address: 2525 PONCE DE LEON BLVD, STE. 400
City-St-Zip: CORAL GABLES, FL 33134 US

Title: T () Delete
Name: YOSS, GEORGE T.
Address: 2525 PONCE DE LEON BLVD, STE. 400
City-St-Zip: CORAL GABLES, FL 33134 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: T (X) Change () Addition
Name: GUERRA, PHILIP
Address: 2525 PONCE DE LEON BLVD, STE. 400
City-St-Zip: CORAL GABLES, FL 33134 US

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

Title: T (X) Change () Addition
Name: YOSS, GEORGE T
Address: 2525 PONCE DE LEON BLVD, STE. 400
City-St-Zip: CORAL GABLES, FL 33134 US

I hereby certify that the information supplied with this filing does not qualify for the 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: PHILIP GUERRA

T

06/15/2006

Electronic Signature of Signing Officer or Director

Date