

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002659

FILED
May 25, 2009
Secretary of State

Entity Name: FIRST AMERICAN CULTURE & EDUCATION PRESERVATION ASSOCIATION, INC.

Current Principal Place of Business:

FIRST AMERICAN CULTURAL CENTER
19859 HWY 301 NORTH
STARKE, FL 32091 US

New Principal Place of Business:

Current Mailing Address:

19859 HWY 301 NORTH
STARKE, FL 32091 US

New Mailing Address:

FEI Number: 59-3327210 **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:

KNIGHT, RICHARD A DR.
547 SE 58TH ST
KEYSTONE HEIGHTS, FL 32656 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: PRES () Delete
Name: HOLOKA, DONNA A
Address: 1601 GERALDINE DRIVE
City-St-Zip: JACKSONVILLE, FL 32205 US

Title: BM () Delete
Name: WILKERSON, ERIC
Address: 239 DELTONA BLVD
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: SEC () Delete
Name: WHITMORE, JACQUELINE
Address: 4219 NW 39TH WAY
City-St-Zip: GAINESVILLE, FL 32606 US

Title: TRE () Delete
Name: WICKS, STEVE
Address: 1556 BLANDING STREET
City-St-Zip: STARKE, FL 32091 US

Title: BM () Delete
Name: MCMURRAY, STEPHANIE D
Address: 1018 LAMBOLL AVE
City-St-Zip: JACKSONVILLE, FL 32205 US

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:

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: DONNA A. HOLOKA

PRES

05/25/2009

Electronic Signature of Signing Officer or Director

Date