2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002334

Entity Name: FBACC, INC.

FILED Jan 06, 2007 Secretary of State

Current Principal Place of Business: New P	incipal Place of Business:
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17129 U.S. HIGHWAY 19 NORTH CLEARWATER, FL 34624

Current Mailing Address: New Mailing Address:

FBACC, INC PO BOX 5857 CLEARWATER, FL 33758

FEI Number: 59-3385395 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

NOLAN, CHARLIE

4415 BARDSDALE DRIVE
PALM HARBOR, FL 34684
US

WATTAM, JAMES M
2210 MINNEOLA ROAD
CLEARWATER, FL 33764
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: JAMES M. WATTAM 01/06/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: D (X) Change () Addition
Name: NOLAN, CHARLIE Name: WATTAM, JAMES
Address: 4415 BARDSDALE DRIVE Address: 2210 MINNEOLA ROAD

Address: 4415 BARDSDALE DRIVE Address: 2210 MINNEOLA ROAD
City-St-Zip: PALM HARBOR, FL 34684 City-St-Zip: CLEARWATER, FL 33764

Title: AD () Delete Title: AD (X) Change () Addition Name: WATTAM, JAMES Name: REED, ROGER

 Address:
 2210 MINNEOLA ROAD
 Address:
 6920 150TH AVENUE NORTH

 City-St-Zip:
 CLEARWATER, FL 33764
 City-St-Zip:
 CLEARWATER, FL 33764

Title: T () Delete Title: T (X) Change () Addition Name: NORTON, BILL Name: LAWRENCE, JAMES

Address: 1627 WINDSOR DRIVE Address: 1631 AMARYLLIS COURT City-St-Zip: CLEARWATER, FL 33755 City-St-Zip: TRINITY, FL 34655

Title: S () Delete Title: S (X) Change () Addition

Name:MOYNIHAN, PAULAName:HENDERSON, EILENEAddress:3543 HIGHWAY TO BAY BLVDAddress:1114 MARINE STREETCity-St-Zip:SAFETY HARBOR, FL 34695City-St-Zip:CLEARWATER, FL 33755

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: JAMES M WATTAM D 01/06/2007