

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003257

FILED
Apr 27, 2009
Secretary of State

Entity Name: FOUNDATION OF COMMUNITY ASSISTANCE AND LEADERSHIP, INC.

Current Principal Place of Business:

765 NW 36TH STREET
MIAMI, FL 33127

New Principal Place of Business:

Current Mailing Address:

PO BOX 370036
MIAMI, FL 33137

New Mailing Address:

PO BOX 370664
MIAMI, FL 33137

FEI Number: 31-1471952

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

YOUNG, ROBERT A
3476 CHARLES AVENUE
COCONUT GROVE, FL 33133 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: PD () Delete
Name: KENNEDY, L D JR
Address: PO BOX 370036, NA
City-St-Zip: MIAMI, FL 33137

Title: VPD () Delete
Name: CROOKS, RICK
Address: PO BOX 370036
City-St-Zip: MIAMI, FL 33137

Title: DVPD () Delete
Name: MAJOR, ILEEN M
Address: 501 N.W. 47TH ST.
City-St-Zip: MIAMI, FL 33127

Title: VPD () Delete
Name: THOMAS, ANTHONY
Address: 18541 NW 10 AVE
City-St-Zip: MIAMI, FL 33169

Title: VPD () Delete
Name: MARSHALL, KEVIN
Address: PO BOX 370036, NA
City-St-Zip: MIAMI, FL 33137

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MARSHALL, KEVIN
Address: PO BOX 370036, NA
City-St-Zip: MIAMI, FL 33137

Title: VPD (X) Change () Addition
Name: KENNEDY, L D JR
Address: PO BOX 370036
City-St-Zip: MIAMI, FL 33137

Title: DVPD (X) Change () Addition
Name: MAJOR, EILEEN M
Address: 501 N.W. 47TH ST.
City-St-Zip: MIAMI, FL 33127

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

Title: VPD (X) Change () Addition
Name: HARPER, VANESSA
Address: PO BOX 370036, NA
City-St-Zip: MIAMI, FL 33137

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: KEVIN MARSHALL

PD

04/27/2009

Electronic Signature of Signing Officer or Director

Date