

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N97000003099**

1. Entity Name  
**FACILITIES FINANCING CORPORATION**



Principal Place of Business

**106 DIXIE LANE  
COCOA BEACH, FL 32931**

Mailing Address

**106 DIXIE LANE  
COCOA BEACH, FL 32931**



01112005 No Chg-NP

CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3563121**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**ALLEN, JOHN  
106 DIXIE LANE  
COCOA BEACH, FL 32931**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Signature, typed or printed name of registered agent and title if applicable.*

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. **OFFICERS AND DIRECTORS**

TITLE	D
NAME	ALLEN, JOHN
STREET ADDRESS	106 DIXIE LANE
CITY - ST - ZIP	COCOA BEACH, FL 32931
TITLE	D
NAME	GORCYNski, TOM
STREET ADDRESS	106 DIXIE LANE
CITY - ST - ZIP	COCOA BEACH, FL 32931
TITLE	D
NAME	SEVIGNY, ROGER
STREET ADDRESS	106 DIXIE LANE
CITY - ST - ZIP	COCOA BEACH, FL 32931
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U000000303379  
04/13/05-80110-018 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-05  
Date

321-783-7443  
Daytime Phone #