

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000004580

**FILED**  
**Mar 31, 2004**  
**Secretary of State****Entity Name:** FACING FUTURES FOUNDATION, INC.**Current Principal Place of Business:**1520 TRADEPORT DR.  
JACKSONVILLE, FL 32218**New Principal Place of Business:****Current Mailing Address:**1520 TRADEPORT DR.  
JACKSONVILLE, FL 32218**New Mailing Address:****FEI Number:** 59-3548085**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**ROBISON, MARY A  
FISHER, TOUSEY, LEAS & BALL, P.A.  
ONE INDEPENDENT DR., STE 2600  
JACKSONVILLE, FL 32202 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: D ( ) Delete  
Name: STEINBERG, BARRY  
Address: C/O 653-1 WEST EIGHTH STREET  
City-St-Zip: JACKSONVILLE, FL 32209

Title: D ( ) Delete  
Name: CAVANAUGH, JAMES L  
Address: 44 32ND AVENUE SOUTH  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: D ( ) Delete  
Name: SHAUVER, B. C  
Address: 15405 YELLOW BLUFF RD.  
City-St-Zip: JACKSONVILLE, FL 32226

Title: D ( ) Delete  
Name: PEARSON, MIKE  
Address: 1 ALLTEL STADIUM DRIVE  
City-St-Zip: JACKSONVILLE, FL 32258

Title: D ( ) Delete  
Name: BOWEN, MARK E  
Address: 11883 LAKE FERN DR.  
City-St-Zip: JACKSONVILLE, FL 32258

Title: D ( ) Delete  
Name: ROBISON, MARY A  
Address: C/O ONE INDEPENDENT DR. STE. 2600  
City-St-Zip: JACKSONVILLE, FL 32202

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: STEINBERG, BARRY  
Address: C/O 653-1 WEST EIGHTH STREET  
City-St-Zip: JACKSONVILLE, FL 32209

Title: DS (X) Change ( ) Addition  
Name: CAVANAUGH, JAMES L  
Address: 44 32ND AVENUE SOUTH  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: DV (X) Change ( ) Addition  
Name: SHAUVER, B. C  
Address: 15405 YELLOW BLUFF RD.  
City-St-Zip: JACKSONVILLE, FL 32226

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

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

Title: DT (X) Change ( ) Addition  
Name: ROBISON, MARY A  
Address: ONE INDEPENDENT DR., STE. 2600  
City-St-Zip: JACKSONVILLE, FL 32202

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MARY A. ROBISON

DT

03/31/2004

Electronic Signature of Signing Officer or Director

Date