

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004580

FILED
Apr 28, 2005
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:

ROBISON, MARY A ESQ.
FISHER, TOUSEY, LEAS & BALL, P.A.
ONE INDEPENDENT DR., STE 2600
JACKSONVILLE, FL 32202 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: MARY A. ROBISON, ESQUIRE

04/28/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

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:

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

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, ESQUIRE

DT

04/28/2005

Electronic Signature of Signing Officer or Director

Date