


2004 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

04 SEP -3 PM 4:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | | | | | |
|---|--|--|---|---|--|
| DOCUMENT # N99000005124 1. Entity Name FACING IT TOGETHER, INC. | | | |  | |
| Principal Place of Business 3435 HAYES STREET HOLLYWOOD, FL 33021 | | | Mailing Address 4051 N.E. 26TH AVENUE FT. LAUDERDALE, FL 33308 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 65-0953436 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| RICHARDSON, GEX F 6200 COCONUT TERRACE PLANTATION, FL 33317 | | | Name MARC SHUSTER Street Address (P.O. Box Number is Not Acceptable) c/o 350 EAST LAS OLAS BOULEVARD SUITE 1000 City FORT LAUDERDALE FL 33301 | | |
| 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 <u><i>Marc Shuster</i></u> 8/27/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small> | | | | | |
| Amended AR is \$61.25 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD RODGERS, MARK 3435 HAYES ST. HOLLYWOOD, FL 33021 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD RICHARDSON, GEX 3435 HAYES ST. HOLLYWOOD, FL 33021 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD BONDURANT, MIKE 3435 HAYES ST. HOLLYWOOD, FL 33021 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD GUERIN, SEAN 3435 HAYES ST. HOLLYWOOD, FL 33021 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CD STELNICKI, ERIC 3435 HAYES ST. HOLLYWOOD, FL 33021 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD CHAMBLISS, HUNTER 3435 HAYES ST. HOLLYWOOD, FL 33021 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D 500040970495 09/10/04--01069--004 **61.25 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D 500040970495 09/10/04--01069--004 **61.25 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D 500040970495 09/10/04--01069--004 **61.25 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P 500040970495 09/10/04--01069--004 **61.25 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P 500040970495 09/10/04--01069--004 **61.25 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| 12. I hereby certify that the information supplied with this filing does not qualify 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 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: <u><i>Marc Shuster</i></u> MARC SHUSTER, VICE PRESIDENT 08/27/04 954-525-9900 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |

**OFFICERS AND DIRECTORS
(CONTINUED)**

TITLE: D
NAME: DR. DREW SCHNITT
STREET ADDRESS: 3435 HAYES ST.
CITY-ST-ZIP: HOLLYWOOD, FL 33021

TITLE: D
NAME: MARK MCCOTRMICK
STREET ADDRESS: 3435 HAYES ST.
CITY-ST-ZIP: HOLLYWOOD, FL 33021

TITLE: D
NAME: SHANE STRUM
STREET ADDRESS: 3435 HAYES ST.
CITY-ST-ZIP: HOLLYWOOD, FL 33021

TITLE: D
NAME: GREG SANDEFUR
STREET ADDRESS: 3435 HAYES ST.
CITY-ST-ZIP: HOLLYWOOD, FL 33021

TITLE: D
NAME: BRITT SIKES
STREET ADDRESS: 3435 HAYES ST.
CITY-ST-ZIP: HOLLYWOOD, FL 33021

TITLE: D
NAME: RAYMOND G. FERERO III, JD
STREET ADDRESS: 3435 HAYES ST.
CITY-ST-ZIP: HOLLYWOOD, FL 33021

TITLE: VP
NAME: MARC SHUSTER
STREET ADDRESS: 3435 HAYES ST.
CITY-ST-ZIP: HOLLYWOOD, FL 33021

TITLE: VP/S
NAME: CAROL ZUPP
STREET ADDRESS: 3435 HAYES ST.
CITY-ST-ZIP: HOLLYWOOD, FL 33021

**OFFICERS AND DIRECTORS
(CONTINUED)**

TITLE: VP
NAME: JADE CHEN
STREET ADDRESS: 3435 HAYES ST.
CITY-ST-ZIP: HOLLYWOOD, FL 33021

TITLE: VP
NAME: DANIEL DUCHARME, VP
STREET ADDRESS: 3435 HAYES ST.
CITY-ST-ZIP: HOLLYWOOD, FL 33021

TITLE: VP
NAME: DONNA HARRIS
STREET ADDRESS: 3435 HAYES ST.
CITY-ST-ZIP: HOLLYWOOD, FL 33021

TITLE: D
NAME: NINA TUCKER
STREET ADDRESS: 3435 HAYES ST.
CITY-ST-ZIP: HOLLYWOOD, FL 33021

TITLE: D
NAME: JOHN CONGEMI
STREET ADDRESS: 3435 HAYES ST.
CITY-ST-ZIP: HOLLYWOOD, FL 33021