

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000043306

FILED
Mar 17, 2009
Secretary of State

Entity Name: FEA SOLIDARITY FUND, INC.

Current Principal Place of Business:

213 S ADAMS ST
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

213 S ADAMS ST
TALLAHASSEE, FL 32301

New Mailing Address:

FEI Number: 90-0069110 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEYER, RONALD G ESQ
2544 BLAIRSTONE PINES DR
TALLAHASSEE, FL 32301 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: FORD, ANDY
Address: 213 S ADAMS ST
City-St-Zip: TALLAHASSEE, FL 32301

Title: DVP () Delete
Name: MCCALL, JOANNE
Address: 213 S ADAMS STREET
City-St-Zip: TALLAHASSEE, FL 32301

Title: D (X) Delete
Name: WALLACE, AARON
Address: 213 S ADAMS STREET
City-St-Zip: TALLAHASSEE, FL 32304

Title: DST () Delete
Name: COOK, CLARA
Address: 213 S. ADAMS STREET
City-St-Zip: TALLAHASSEE, FL 32301

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:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLARA COOK

DST

03/17/2009

Electronic Signature of Signing Officer or Director

_____ Date