

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000003263

**Entity Name:** FACES MODELING TROUPE INC

**Current Principal Place of Business:**

P.O BOX 1231  
DELAND, FL 32721

**FILED**  
**Mar 26, 2013**  
**Secretary of State**  
**CC8717053857**

**Current Mailing Address:**

P.O BOX 1231  
DELAND, FL 32721 US

**FEI Number: 26-0556895**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

DELICE, LOUBENS  
P.O BOX 1231  
DELAND, FL 32721 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: LOUBENS DELICE**

**03/26/2013**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CEO  
Name DELICE, LOUBENS  
Address P.O BOX 1231  
City-State-Zip: DELAND FL 32721

Title EVP  
Name WHITE, JOEY  
Address 3510 JEFFERSON COMMONS DRIVE  
APT 202B  
City-State-Zip: TAMPA FL 33613

Title EVP  
Name PIERCE, ANTHONY  
Address N/A  
City-State-Zip: LAKELAND FL 33813

Title SEC  
Name JONES, CARHONDA  
Address N/A  
City-State-Zip: DAYTONA FL 32114

Title TREASURER  
Name MORGAN, PATRICE  
Address P.O BOX 1231  
City-State-Zip: DELAND FL 32721

*I hereby 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 all other like empowered.*

**SIGNATURE: LOUBENS DELICE**

**CEO**

**03/26/2013**

Electronic Signature of Signing Officer/Director Detail

Date