

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00.

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 722946 (1)

1. Corporation Name

FLORIDA COMMUNITY COLLEGE AT JACKSONVILLE FOUNDATION, INC.

Principal Place of Business

501 WEST STATE STREET
JACKSONVILLE FL 32202

Mailing Address

501 WEST STATE STREET
JACKSONVILLE FL 32202

FILED

95 FEB -8 AM 10:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/20/1972

3a. Date of Last Report

02/21/1994

4. FEI Number

07-0161526

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

J. ROBBINS, STEVEN E., ESQ.
FLORIDA COMMUNITY COLLEGE AT JACKSONVILLE
801 W. STATE STREET
JACKSONVILLE FL 32202

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME RUPPEL, ARTHUR
STREET ADDRESS 501 W. STATE STREET
CITY - ST - ZIP JACKSONVILLE FL 32202

1.1 TITLE D
1.2 NAME RUPPEL, ARTHUR
1.3 STREET ADDRESS 501 W. STATE STREET
1.4 CITY - ST - ZIP JACKSONVILLE, FL 32202

☐ Change ☐ Addition

TITLE PD
NAME NIMNIGHT, EDWARD A II
STREET ADDRESS 7999 BLANDING BLVD
CITY - ST - ZIP JACKSONVILLE FL 32244

2.1 TITLE PD
2.2 NAME BARNES, H. WADE, JR.
2.3 STREET ADDRESS 836 PRUDENTIAL DRIVE, SUITE 1202
2.4 CITY - ST - ZIP JACKSONVILLE, FL 32207

☒ Change ☐ Addition

TITLE VD
NAME WATSON, MARGARET E.
STREET ADDRESS 4347 DUVAL DRIVE
CITY - ST - ZIP JACKSONVILLE FL 32250

3.1 TITLE FIRST VICE PRESIDENT - VD
3.2 NAME BAKER, KENNETH
3.3 STREET ADDRESS 2960 STRICKLAND ST.
3.4 CITY - ST - ZIP JACKSONVILLE, FL 32254

☒ Change ☐ Addition

TITLE VD
NAME BAKER, KENNETH
STREET ADDRESS 2960 STRICKLAND STREET
CITY - ST - ZIP JACKSONVILLE FL 32205

4.1 TITLE 2ND VICE PRESIDENT - VD
4.2 NAME WINBUSH, WYMAN, II
4.3 STREET ADDRESS 4859 WHITE BLUFF DRIVE
4.4 CITY - ST - ZIP JACKSONVILLE, FL 32225

☒ Change ☐ Addition

TITLE TD
NAME BARNES, WADE
STREET ADDRESS 836 PRUDENTIAL DRIVE, SUITE 1202
CITY - ST - ZIP JACKSONVILLE FL 32207

5.1 TITLE TREASURER - TD
5.2 NAME WINSTEL, KIM
5.3 STREET ADDRESS P.O. BOX 929
5.4 CITY - ST - ZIP JACKSONVILLE, FL 32231-0044

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/95

(904)632-3356

Title

Signature (Print)