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Feb 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		 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 32202-4030	
2. Principal Place of Business 21 501 West State Street Suite, Apt. #, etc. 22 Martin Center, Room 468 City & State 23 Jacksonville, Florida Zip 24 32202		2a. Mailing Address 25 501 West State Street, Jax Suite, Apt. #, etc. 27 Martin Center, Room 468 City & State 28 Jacksonville, Florida Zip 29 32202 Country 30 Duval	
9. Name and Address of Current Registered Agent ROBBINS, STEVEN E., ESQ. FLORIDA COMMUNITY COLLEGE AT JACKSONVILLE 501 W. STATE STREET JACKSONVILLE FL 32202		10. Name and Address of New Registered Agent 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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.			
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUPPEL, ARTHUR 501 W. STATE STREET JACKSONVILLE FL 32202	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	Executive Director Arthur L. Ruppel 501 West State Street Jacksonville, FL 32202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARNES, WADE H JR 836 PRUDENTIAL DR STE 1202 JACKSONVILLE FL 32207	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	President J. Kirby Chritton Rogers, Towers, Bailey, Jones, & Gay P. 1301 Riverplace Blvd, Suite 1500 Jax, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BAKER, KENNETH 2960 STRICKLAND ST JACKSONVILLE FL 32225	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	First Vice President Dave Collier/Merrill Lynch Barnett Bank bldg., 50 Laura St., 36th Jacksonville, FL 32202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WINBUSH, WYMAN 4859 WHITE BLUFF DRIVE JACKSONVILLE FL 32225	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	Second Vice President James N. SMith (8001 Baymeadows) P.O. Box 45061 Jacksonville, FL 32231-5061
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WINSTEL, KIM P.O. BOX 929 N/A JACKSONVILLE FL 32231-0044	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	Treasurer David F. Miller (4671 Edison Av) Pureice of the South, Inc P.O. Box 60099 Jax, FL 32236
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	Secretary Joy Jones 8290 merganser Drive Ponte Vedra Bch FL 32082
14. I do 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 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.			



CR2E037 (9/96)