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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **722946** **(1)**

1. Corporation Name

FLORIDA COMMUNITY COLLEGE AT JACKSONVILLE FOUNDATION, INC.

Principal Place of Business	Mailing Address
501 WEST STATE STREET MARTIN CENTER, ROOM 468 JACKSONVILLE FL 32202 US	501 WEST STATE STREET MARTIN CENTER, ROOM 468 JACKSONVILLE FL 32202 US

3. Date Incorporated or Qualified: 03/20/1972

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	(same)	☐ Change ☐ Addition
NAME	RUPPEL, ARTHUR		1.2 NAME		
STREET ADDRESS	501 W. STATE STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32202		1.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	2.1 TITLE	PD	☒ Change ☐ Addition
NAME	BARNES, WADE H JR		2.2 NAME	H. DAVIS COLLIER	
STREET ADDRESS	836 PRUDENTIAL DR STE 1202		2.3 STREET ADDRESS	50 LAURA STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32207		2.4 CITY-ST-ZIP	JACKSONVILLE, FL 32202	
TITLE	VP	☐ DELETE	3.1 TITLE	VP	☒ Change ☐ Addition
NAME	BAKER, KENNETH		3.2 NAME	ROBERT C. SCHWEITZER	
STREET ADDRESS	2960 STRICKLAND ST		3.3 STREET ADDRESS	50 N LAURA ST	
CITY-ST-ZIP	JACKSONVILLE FL 32225		3.4 CITY-ST-ZIP	JACKSONVILLE, FL 32202	
TITLE	VP	☐ DELETE	4.1 TITLE	VP	☒ Change ☐ Addition
NAME	WINBUSH, WYMAN		4.2 NAME	DAVID F. MILLER	
STREET ADDRESS	4859 WHITE BLUFF DRIVE		4.3 STREET ADDRESS	200 SEA ISLAND DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32225		4.4 CITY-ST-ZIP	PONTE VEDRA BCH, FL 32082	
TITLE	TD	☐ DELETE	5.1 TITLE	TD	☒ Change ☐ Addition
NAME	WINSTEL, KIM		5.2 NAME	C. W. GREGG	
STREET ADDRESS	P.O.BOX 929 N/A		5.3 STREET ADDRESS	4651 SALISBURY RD, SUITE 400	
CITY-ST-ZIP	JACKSONVILLE FL 32231-0044		5.4 CITY-ST-ZIP	JACKSONVILLE, FL 32256	
TITLE	S	☐ DELETE	6.1 TITLE	S	☒ Change ☐ Addition
NAME	JONES, JOY		6.2 NAME	STEPHEN FORDHAM	
STREET ADDRESS	8290 MERGANSER DRIVE		6.3 STREET ADDRESS	8000 BAYMEADOWS WAY	
CITY-ST-ZIP	PONTE VEDRA BEACH FL		6.4 CITY-ST-ZIP	JACKSONVILLE, FL 32256	

CR2E037 (10/97)

14. 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 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: Arthur L. Ruppel 3/18/98 (904) 632-3356