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**Apr 06, 1999 8:00 am**  
**Secretary of State**

04-06-1999 90026 020 \*\*\*\*61.25

|                                                 |                                                                                   |                                                                                                                 |
|-------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| <b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b> |  | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|-------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|

**DOCUMENT # 722946**

1. Corporation Name

**FLORIDA COMMUNITY COLLEGE AT JACKSONVILLE FOUNDATION, INC.**

Principal Place of Business

 501 WEST STATE STREET  
 MARTIN CENTER, ROOM 468  
 JACKSONVILLE FL 32202  
 US

Mailing Address

 501 WEST STATE STREET  
 MARTIN CENTER, ROOM 468  
 JACKSONVILLE FL 32202  
 US


|                                |  |                        |  |                                                                                                             |  |
|--------------------------------|--|------------------------|--|-------------------------------------------------------------------------------------------------------------|--|
| 2. Principal Place of Business |  | 2a. Mailing Address    |  | 3. Date Incorporated or Qualified                                                                           |  |
| 21 Suite, Apt. #, etc.         |  | 26 Suite, Apt. #, etc. |  | 4. FEI Number                                                                                               |  |
| 22 City & State                |  | 27 City & State        |  | 07-0161526                                                                                                  |  |
| 23 Zip                         |  | 28 Zip                 |  | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required                    |  |
| 24 Country                     |  | 29 Country             |  | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |  |

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                                               | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) |             |
| 83                                                    |             |
| 84 City                                               |             |

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                      | D                          | 1.1 TITLE                                             | D                          |
| NAME                       | RUPPEL, ARTHUR             | 1.2 NAME                                              | RUPPEL, ARTHUR             |
| STREET ADDRESS             | 501 W. STATE STREET        | 1.3 STREET ADDRESS                                    | 501 W. STATE ST            |
| CITY-ST-ZIP                | JACKSONVILLE FL 32202      | 1.4 CITY-ST-ZIP                                       | JACKSONVILLE, FL 32202     |
| TITLE                      | PO                         | 2.1 TITLE                                             | D                          |
| NAME                       | COLLIER, H. DAVIS          | 2.2 NAME                                              | JOHNSON, ELAINE            |
| STREET ADDRESS             | 50 LAURA ST                | 2.3 STREET ADDRESS                                    | 1525 STRATFORD COURT       |
| CITY-ST-ZIP                | JACKSONVILLE FL 32202      | 2.4 CITY-ST-ZIP                                       | JACKSONVILLE FL 32259      |
| TITLE                      | VP                         | 3.1 TITLE                                             | D                          |
| NAME                       | SCHWEITZER, ROBERT C.      | 3.2 NAME                                              | SCHWEITZER, ROBERT         |
| STREET ADDRESS             | 50 N LAURA ST              | 3.3 STREET ADDRESS                                    | 22777 MERIDIAN DRIVE       |
| CITY-ST-ZIP                | JACKSONVILLE FL 32202      | 3.4 CITY-ST-ZIP                                       | BOCA RATON, FL 33433       |
| TITLE                      | VP                         | 4.1 TITLE                                             | D                          |
| NAME                       | MILLER, DAVID F.           | 4.2 NAME                                              | MILLER, DAVID'S            |
| STREET ADDRESS             | 200 SEA ISLAND DR          | 4.3 STREET ADDRESS                                    | 200 SEA ISLAND DR          |
| CITY-ST-ZIP                | PONTE VEDRA BEACH FL 32082 | 4.4 CITY-ST-ZIP                                       | PONTE VEDRA BEACH FL 32082 |
| TITLE                      | TD                         | 5.1 TITLE                                             | D                          |
| NAME                       | GREGG, C. W.               | 5.2 NAME                                              | FORDHAM, STEPHEN           |
| STREET ADDRESS             | 4651 SALISBURY RD STE 400  | 5.3 STREET ADDRESS                                    | 8000 BAYMEADOWS WAY        |
| CITY-ST-ZIP                | JACKSONVILLE FL 32256      | 5.4 CITY-ST-ZIP                                       | JACKSONVILLE, FL 32256     |
| TITLE                      | S                          | 6.1 TITLE                                             |                            |
| NAME                       | FORDHAM, STEPHEN           | 6.2 NAME                                              |                            |
| STREET ADDRESS             | 8000 BAYMEADOWS WAY        | 6.3 STREET ADDRESS                                    |                            |
| CITY-ST-ZIP                | JACKSONVILLE FL 32256      | 6.4 CITY-ST-ZIP                                       |                            |

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EXECUTIVE DIRECTOR

1/5/99 (704) 632-3356

Daytime Phone