2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2004 8:00 am
Secretary of State
05-06-2004 90165 035 ****61.25

DOCUMENT # 722946

1. Entity Name
FLORIDA COMMUNITY COLLEGE AT JACKSONVILLE FOUNDATION, INC.

54052916

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

01082004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 07-0161526 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ED HOLBROOK, DARYLE 501 W. STATE STREET JACKSONVILLE, FL 32202	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ED MASON, DR. WILLIAM C. 501 W. STATE STREET JACKSONVILLE, FL 32202	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SKIPPER, LESLIE E 225 WATER ST JACKSONVILLE, FL 32207	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MILTON, TEALA 21 W. CHURCH ST JACKSONVILLE, FL 32202	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SMITH, EMILY 2767 FOREST CIRCLE JACKSONVILLE, FL 32257	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DELANEY, KEVIN F 4237 SALISBURY RD #2-200 JACKSONVILLE, FL 322166029	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BURCH, MIKE PO BOX 2002 FERNANDINA BEACH, FL 32035	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BARRETT, MARTHA 1301 RIVERPLACE BLVE, STE 700 JACKSONVILLE, FL 32207	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: DR. WILLIAM C MASON, EXEC DIRECTOR 4/21/04 (904)632-3357
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #