2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006 8:00 am
Secretary of State
04-06-2006 90025 003 ****61.25

DOCUMENT # 722946

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

50009674

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

03072006 Chg-NP CR2E037 (11/05)

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	7. Name and Address of New Registered Agent
~~ROBBINS, STEVEN E., ESQ.~~ DR WALLACE FLORIDA COMMUNITY COLLEGE AT JACKSONVILLE 501 W. STATE STREET JACKSONVILLE, FL 32202	Name: DR. STEVEN WALLACE Street Address (P.O. Box Number is Not Acceptable): FLORIDA COMMUNITY COLLEGE AT JACKSONVILLE 501 W. STATE STREET City: JACKSONVILLE FL Zip Code: 32202

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: Steven Wallace College President March 14, 2006
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

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 MASON, DR. WILLIAM C 501 W. STATE STREET JACKSONVILLE, FL 32202	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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 MYERS, MARSHA 9700 PHILLIPS HWY SUITE 108 JACKSONVILLE, FL 32256	☐ 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	D MARLIER, JAMES F. 2810 ST. AUGUSTINE ROAD PO BOX 10196 JACKSONVILLE, FL. 32247	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CLARKSON, CHARLES 3100 UNIVERSITY BLVD SUITE 20 JACKSONVILLE, FL 32216	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MILTON, TEALA 21 W. CHURCH STREET JACKSONVILLE, FL 32202	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ZELL, DONALD D 7077 BONNEVAL RD JACKSONVILLE, FL 32216	☐ 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 exemptions contained in Chapter 119, 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: WMason DR. WILLIAM C. MASON 3/10/06 904-633-3357
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #