2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State
05-02-2007 90045 015 ****61.25

DOCUMENT # 722946

1. Entity 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

04162007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	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
WALLACE, STEVEN DR 501 W STATE ST JACKSONVILLE, FL 32202	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, 2007

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	ED CHAPPELL, DR SUSAN 501 W. STATE ST JACKSONVILLE, FL 32202	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MYERS, MARSHA 9700 PHILLIPS HWY STE 108 JACKSONVILLE, FL 32256	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/S MYERS, MARSHA 11712 DARTMOOR COURT JACKSONVILLE, FL 32256	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARLIER, JAMES F 2810 ST AUGUSTINE RD/POB 10196 JACKSONVILLE, FL 32247	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/VC	☑ 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	D/C	☑ 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	D/VC WINSTON, JAMES 601 RIVERSIDE AVE, BLDG 2, SUITE 619 JACKSONVILLE, FL 32204	☐ 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	D/T	☑ 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: Susan Chappell DR SUSAN CHAPPELL EXECUTIVE DIRECTOR 4/18/07 (904)632-3357
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #