

**FILE NOW: FILING FEE IS \$61.25** FCCAA Ck #4233

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 732240 (7)

1. Corporation Name

FLORIDA COMMUNITY COLLEGE ACTIVITIES ASSOCIATION INCORPORATED



Principal Place of Business

Mailing Address

816 S. MARTIN LUTHER KING BLVD.  
TALLAHASSEE FL 32301

816 S. MARTIN LUTHER KING BLVD.  
TALLAHASSEE FL 32301

2 Principal Place of Business

2a Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9 Name and Address of Current Registered Agent

3. Date Incorporated or Qualified  
03/24/1975

3a. Date of Last Report  
02/06/1995

4. FEI Number

59-6193023

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes  No

10. Name and Address of New Registered Agent

SMITH, CHARLES F  
816 S. MARTIN LUTHER KING BLVD.  
TALLAHASSEE FL 32301

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 [Administrative Coordinator] Charles F. Smith *Charles F. Smith* 1-22-96

12. OFFICERS AND DIRECTORS

11 TITLE  DELETE

NAME MCSPADDEN, ROBERT L  
STREET ADDRESS 5230 W HWY 98  
CITY-STATE-ZIP PANAMA CITY FL

12 TITLE  DELETE

NAME KANDZER, JERRY W.  
STREET ADDRESS COLLEGE ST  
CITY-STATE-ZIP MARIANNA, FL 00000

13 TITLE  DELETE

NAME HOLCOMBE, WILLIS N.  
STREET ADDRESS 225 E LAS OALS BLVD  
CITY-STATE-ZIP FT LAUD, FL 00000

14 TITLE  DELETE

NAME DAY, PHILIP  
STREET ADDRESS WELCH BOULEVARD  
CITY-STATE-ZIP DAYTONA BCH. FL

15 TITLE  DELETE

NAME WALKER, KENNETH P.  
STREET ADDRESS 8099 COLLEGE PKWY  
CITY-STATE-ZIP FT. MYERS FL

16 TITLE  DELETE

NAME CAMPION, WILLIAM J.  
STREET ADDRESS SW COLLEGE RD S  
CITY-STATE-ZIP OCALA, FL 00000

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

11 TITLE  Change  Addition

12 NAME  
13 STREET ADDRESS  
14 CITY-STATE-ZIP

21 TITLE  Change  Addition

NAME T.K. Wetherell  
STREET ADDRESS 444 Appleyard Dr.  
CITY-STATE-ZIP Tallahassee, FL 32304

22 NAME  
23 STREET ADDRESS  
24 CITY-STATE-ZIP

31 TITLE  Change  Addition

32 NAME  
33 STREET ADDRESS  
34 CITY-STATE-ZIP

41 TITLE  Change  Addition

42 NAME  
43 STREET ADDRESS  
44 CITY-STATE-ZIP

51 TITLE  Change  Addition

52 NAME  
53 STREET ADDRESS  
54 CITY-STATE-ZIP

61 TITLE  Change  Addition

NAME Catherine P. Cornelius  
STREET ADDRESS 600 West College Dr.  
CITY-STATE-ZIP Avon Park, FL 33825

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: [President] *David Amatore*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-96 [904] 488-1721

CR2E037 (12/95)