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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 732240

1. Corporation Name

FLORIDA COMMUNITY COLLEGE ACTIVITIES ASSOCIATION
INCORPORATED

Principal Place of Business

816 S. MARTIN LUTHER KING BLVD.
TALLAHASSEE FL 32301

Mailing Address

816 S. MARTIN LUTHER KING BLVD.
TALLAHASSEE FL 32301



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

03/24/1975

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-6193023

Applied For

Not Applicable

22

27

City & State

City & State

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

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 CHARLES F. SMITH (ADM. COORDINATOR) *Charles F. Smith*

Jan. 4, 1999

DATE

12. OFFICERS AND DIRECTORS DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition

TITLE D
NAME MCSPADDEN, ROBERT L.
STREET ADDRESS 5230 W HWY 98
CITY-ST-ZIP PANAMA CITY FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D
NAME WETHERELL, T. K.
STREET ADDRESS 444 APPELYARD DRIVE
CITY-ST-ZIP TALLAHASSEE FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D
NAME DAY, PHILIP
STREET ADDRESS WELCH BOULEVARD
CITY-ST-ZIP DAYTONA BCH. FL

4.1 TITLE
4.2 NAME ANN MCGEE
4.3 STREET ADDRESS 100 WELDON WAY
4.4 CITY-ST-ZIP SANFORD FL 32773

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

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D
NAME CORNELIUS, CATHERINE
STREET ADDRESS 600 WEST COLLEGE DR
CITY-ST-ZIP AVON PARK FL

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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: T. K. WETHERELL SIGNATURE REQUIRED

1-5-99 922-8133

Date

Daytime Phone #

CR2E037 (11/98)