

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000003369

FILED
Apr 28, 2010
Secretary of State

Entity Name: FLORIDA ASSOCIATION OF COLLEGIATE REGISTRARS AND ADMISSIONS OFFICERS, CORP.

Current Principal Place of Business:

444 APPELYARD DRIVE
ATTENTION: NEISA LOGMAN
TALLAHASSEE, FL 32304

New Principal Place of Business:

1800 SO. KIRKMAN ROAD
ATTENTION: DR. RENEE SIMPSON
ORLANDO, FL 32811

Current Mailing Address:

444 APPELYARD DRIVE
ATTENTION: NEISA LOGMAN
TALLAHASSEE, FL 32304

New Mailing Address:

1800 SO. KIRKMAN ROAD
ATTENTION: DR. RENEE SIMPSON
ORLANDO, FL 32811

FEI Number: 59-3088137

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOGMAN, NEISA R
444 APPELYARD DRIVE
TALLAHASSEE, FL 32304 US

Name and Address of New Registered Agent:

SIMPSON, RENEE K DR.
1800 SO. KIRKMAN ROAD
ORLANDO, FL 32811 US

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.

SIGNATURE: DR. RENEE K. SIMPSON

04/28/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: YANCEY, JOHN
Address: 1 UNF DRIVE
City-St-Zip: JACKSONVILLE, FL 32224

Title: VP
Name: PARRISH, BRAD
Address: FLORIDA SOUTHERN COLL., 171 LK. HOLLINGWOR
City-St-Zip: LAKELAND, FL 33801 US

Title: TREA
Name: SIMPSON, RENEE K DR.
Address: VALENCIA COMM. COLL. 1800 SO. KIRKMAN ROAD
City-St-Zip: ORLANDO, FL 32811

Title: SECR
Name: CREAM, SHERRI
Address: WARNER UNIVERSITY, 13895 HIGHWAY 27
City-St-Zip: LAKE WALES, FL 33859

Title: VP
Name: LAVIOLETTE, MARC
Address: FGCU, 10501 FGCU BOULEVARD SOUTH
City-St-Zip: FORT MYERS, FL 33965

Title: VP
Name: FARNSWORTH, LOUIS
Address: FIU, 11200 S.W. 8TH STREET
City-St-Zip: MIAMI, FL 33199

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DR. RENEE K. SIMPSON

TREA

04/28/2010

Electronic Signature of Signing Officer or Director

Date