

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000003369

FILED  
May 01, 2012  
Secretary of State

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

## Current Principal Place of Business:

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

## New Principal Place of Business:

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

## Current Mailing Address:

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

## New Mailing Address:

VALENCIA COLLEGE 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 (X)

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

SIMPSON, RENEE C DR.  
VALENCIA COLLEGE 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 C. SIMPSON

05/01/2012

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

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

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

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

Title: SECR  
Name: BRISLIN, MARILYN  
Address: NEW COLLEGE OF FLORIDA, 5800 BAY SHORE DR.  
City-St-Zip: SARASOTA, FL 34243

Title: VPPD  
Name: KICKLITER, HOLLY  
Address: USF ST. PETE. 140 7TH AVE. SOUTH, BAY 102  
City-St-Zip: ST. PETERSBURG, FL 33701

Title: VPGP  
Name: RODRIGUEZ, BARBARA  
Address: UCF PO BOX 160112  
City-St-Zip: ORLANDO, FL 32829

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 C. SIMPSON

TREA

05/01/2012

Electronic Signature of Signing Officer or Director

Date