

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 02, 1999 8:00am**  
**Secretary of State**

02-02-1999 90025 020 \*\*\*\*\*61.25

NONPROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # N43690**

1. Corporation Name

**FLORIDA ASSOCIATION OF COMMUNITY COLLEGES FOUNDATION, INC.**

Principal Place of Business

816 S. MARTIN LUTHER KING  
 TALLAHASSEE FL 32301  
 US

Mailing Address

816 S MARTIN LUTHER KING BLVD  
 TALLAHASSEE FL 32301  
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		06/04/1991	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3069622	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing <input type="checkbox"/>	
24		29		Trust Fund Contribution <input type="checkbox"/>	
Country		Country		\$5.00 May Be Added to Fees	
25		30			

9. Name and Address of Current Registered Agent

**ALBERTSON, HARRY T.**  
 816 S. MARTIN LUTHER KING BLVD  
 TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALBERTSON, HARRY T.	1.2 NAME	
STREET ADDRESS	816 S MARTIN LUTHER KING BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RYDER, RONDA	2.2 NAME	
STREET ADDRESS	444 APPELYARD DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAWKINS, ANDRE'	3.2 NAME	
STREET ADDRESS	3209 VIRGINIA AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE FL 34981-5599	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLCOMBE, WILLIS	4.2 NAME	
STREET ADDRESS	225 E. LAS OLAS BLVD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301-2298	4.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASEY, FRANK L	5.2 NAME	
STREET ADDRESS	ST JOHNS RIVER COMMUNITY COLLEGE	5.3 STREET ADDRESS	
CITY-ST-ZIP	PALATKA FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANG, JOSEPH	6.2 NAME	
STREET ADDRESS	669 FIRST AVENUE W.	6.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33706	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: \_\_\_\_\_ DATE: 1/12/98 DAYTIME PHONE # \_\_\_\_\_

CR2E037 (11/98)