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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 20 PM 1:17

DOCUMENT # N43690 (9)

1. Corporation Name

FLORIDA ASSOCIATION OF COMMUNITY COLLEGES FOUNDATION, INC.

Principal Place of Business	Mailing Address
912 S. MARTIN LUTHER KING TALLAHASSEE FL 32301 US	P.O. BOX 2333 TALLAHASSEE FL 32316-2333 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/04/1991
3a. Date of Last Report: 04/06/1994
4. FEI Number: 59-3069622 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 816 S. Martin Luther King	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Tallahassee, FL	City & State 28
Zip / Country 24 32301 / 25 US	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

ALBERTSON, HARRY T.
~~012~~ S. MARTIN LUTHER KING BLVD (should be 816)
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 **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	1.1 TITLE	☐ Change ☐ Addition
NAME	ALBERTSON, HARRY T.	1.2 NAME	
STREET ADDRESS	912 S. MARTIN LUTHER KING BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	RYDER, RONDA	2.2 NAME	
STREET ADDRESS	444 APPLEYARD DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	☐ Change ☐ 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	4.1 TITLE	☐ Change ☐ 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	5.1 TITLE	☐ Change ☐ Addition
NAME	JONES, MILTON	5.2 NAME	
STREET ADDRESS	36727 BLANTON ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	DADE CITY FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ 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 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)(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.

SIGNATURE: [signature] Exec. Director 1/13/95 904/222-3222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0027704