FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -6 PM 12:16

DOCUMENT # **732240** **(7)**

1. Corporation Name

FLORIDA COMMUNITY COLLEGE ACTIVITIES ASSOCIATION INCORPORATED

Principal Place of Business	Mailing Address
816 S. MARTIN LUTHER KING BLVD. TALLAHASSEE FL 32301	816 S. MARTIN LUTHER KING BLVD. TALLAHASSEE FL 32301

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/24/1975
3a. Date of Last Report: 01/26/1994
4. FEI Number: 59-6193023 ☐ 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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

SMITH, CHARLES F
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 **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	D	1.1 TITLE		☐ Change ☐ Addition
NAME	KING, MAXWELL C	1.2 NAME		
STREET ADDRESS	1519 CLEARLAKE RD	1.3 STREET ADDRESS		
CITY-ST-ZIP	COCOA, FL 00000	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE	D	☑ Change ☐ Addition
NAME	KANDZER, JERRY W.	2.2 NAME	McSPADDEN, ROBERT L.	
STREET ADDRESS	COLLEGE ST	2.3 STREET ADDRESS	5220 W. HWY 98	
CITY-ST-ZIP	MARIANNA, FL 00000	2.4 CITY-ST-ZIP	PANAMA CITY, FL 32401	
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	HOLCOMBE, WILLIS N.	3.2 NAME		
STREET ADDRESS	225 E LAS OALS BLVD	3.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUD, FL 00000	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	DAY, PHILIP	4.2 NAME		
STREET ADDRESS	WELCH BOULEVARD	4.3 STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BCH. FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	WALKER, KENNETH P.	5.2 NAME		
STREET ADDRESS	8099 COLLEGE PKWY	5.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	CAMPION, WILLIAM J.	6.2 NAME		
STREET ADDRESS	SW COLLEGE RD S	6.3 STREET ADDRESS		
CITY-ST-ZIP	OCALA,F L 00000	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: William J. Campion 1-26-95 904-237-2111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

William J. Campion

0026808