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
95 FEB -8 AM 10:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # 722946 (1)

1. Corporation Name
FLORIDA COMMUNITY COLLEGE AT JACKSONVILLE FOUNDATION, INC.

Principal Place of Business	Mailing Address
501 WEST STATE STREET JACKSONVILLE FL 32202	501 WEST STATE STREET JACKSONVILLE FL 32202

3. Date Incorporated or Qualified: 03/20/1972
3a. Date of Last Report: 02/21/1994
4. FEI Number: 07-0161526 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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

9. Name and Address of Current Registered Agent

ROBBINS, STEVEN E., ESQ.
FLORIDA COMMUNITY COLLEGE AT JACKSONVILLE
501 W. STATE STREET
JACKSONVILLE FL 32202

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	D	☐ Change ☐ Addition
NAME	RUPPEL, ARTHUR	1.2 NAME	RUPPEL, ARTHUR	
STREET ADDRESS	501 W. STATE STREET	1.3 STREET ADDRESS	501 W. STATE STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32202	1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32202	
TITLE	PD	2.1 TITLE	PD	☒ Change ☐ Addition
NAME	NIMNICHT, EDWARD A II	2.2 NAME	BARNES, H. WADE, JR.	
STREET ADDRESS	7999 BLANDING BLVD	2.3 STREET ADDRESS	836 PRUDENTIAL DRIVE, SUITE 1202	
CITY-ST-ZIP	JACKSONVILLE FL 32244	2.4 CITY-ST-ZIP	JACKSONVILLE, FL 32207	
TITLE	VD	3.1 TITLE	FIRST VICE PRESIDENT- VD	☒ Change ☐ Addition
NAME	WATSON, MARGARET E.	3.2 NAME	BAKER, KENNETH	
STREET ADDRESS	4347 DUVAL DRIVE	3.3 STREET ADDRESS	2960 STRICKLAND ST.	
CITY-ST-ZIP	JACKSONVILLE FL 32250	3.4 CITY-ST-ZIP	JACKSONVILLE, FL 32254	
TITLE	VD	4.1 TITLE	2ND VICE PRESIDENT- VD	☒ Change ☐ Addition
NAME	BAKER, KENNETH	4.2 NAME	WINBUSH, WYMAN, II	
STREET ADDRESS	2960 STRICKLAND STREET	4.3 STREET ADDRESS	4859 WHITE BLUFF DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32205	4.4 CITY-ST-ZIP	JACKSONVILLE, FL 32225	
TITLE	TD	5.1 TITLE	TREASURER - TD	☒ Change ☐ Addition
NAME	BARNES, WADE	5.2 NAME	WINSTEL, KIM	
STREET ADDRESS	836 PRUDENTIAL DRIVE, SUITE 1202	5.3 STREET ADDRESS	P.O. BOX 929	
CITY-ST-ZIP	JACKSONVILLE FL 32207	5.4 CITY-ST-ZIP	JACKSONVILLE, FL 32231-0044	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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: A. R. Ruppel 1/13/95 (904)632-3356
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #

0001201