FILE NOW: FILING FEE IS $61.25 FCCAA Ck #4233

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # 732240 (7)

1. Corporation Name

FLORIDA COMMUNITY COLLEGE ACTIVITIES ASSOCIATION INCORPORATED

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

Mailing Address: 816 S. MARTIN LUTHER KING BLVD. TALLAHASSEE FL 32301

3. Date Incorporated or Qualified: 03/24/1975

3a. Date of Last Report: 02/06/1995

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. ☐ Yes ☒ No

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 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 [Administrative Coordinator]Charles F. Smith *Charles F. Smith* 1-22-96
DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	MCSPADDEN, ROBERT L	
STREET ADDRESS	5230 W HWY 98	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	D	☒ DELETE
NAME	KANDZER, JERRY W.	
STREET ADDRESS	COLLEGE ST	
CITY-ST-ZIP	MARIANNA, FL 00000	
TITLE	D	☐ DELETE
NAME	HOLCOMBE, WILLIS N.	
STREET ADDRESS	225 E LAS OALS BLVD	
CITY-ST-ZIP	FT LAUD, FL 00000	
TITLE	D	☐ DELETE
NAME	DAY, PHILIP	
STREET ADDRESS	WELCH BOULEVARD	
CITY-ST-ZIP	DAYTONA BCH. FL	
TITLE	D	☐ DELETE
NAME	WALKER, KENNETH P.	
STREET ADDRESS	8099 COLLEGE PKWY	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	D	☒ DELETE
NAME	CAMPION, WILLIAM J.	
STREET ADDRESS	SW COLLEGE RD S	
CITY-ST-ZIP	OCALA,F L 00000	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

1 1 TITLE		☐ Change ☐ Addition
1 2 NAME		
1 3 STREET ADDRESS		
1 4 CITY-ST-ZIP		
2 1 TITLE	D	☒ Change ☐ Addition
2 2 NAME	T.K. Wetherell	
2 3 STREET ADDRESS	444 Appleyard Dr.	
2 4 CITY-ST-ZIP	Tallahassee,Fl.32304	
3 1 TITLE		☐ Change ☐ Addition
3 2 NAME		
3 3 STREET ADDRESS		
3 4 CITY-ST-ZIP		
4 1 TITLE		☐ Change ☐ Addition
4 2 NAME		
4 3 STREET ADDRESS		
4 4 CITY-ST-ZIP		
5 1 TITLE		☐ Change ☐ Addition
5 2 NAME		
5 3 STREET ADDRESS		
5 4 CITY-ST-ZIP		
6 1 TITLE	D	☒ Change ☐ Addition
6 2 NAME	Catherine P. Cornelius	
6 3 STREET ADDRESS	600 West College Dr.	
6 4 CITY-ST-ZIP	Avon Park, Fl 33825	

CR2E037 (12/95)

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)(k), 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: [President] *David Armstrong* 1-22-96 [904] 488-1721

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — David Armstrong — Date — Daytime Phone #