

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N94000003659 (9)**

1. Corporation Name

THE FOUNDATION FOR FLORIDA'S COMMUNITY COLLEGES, INC.



Principal Place of Business

Mailing Address

1200 S. HICKORY RIDGE LANE
AVON PARK FL 33825

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AVON PARK FL 33825

3. Date Incorporated or Qualified
07/22/1994

3a. Date of Last Report
07/10/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
65-0530384

Applied For
Not Applicable

Suite, Apt #, etc.

Suite, Apt #, etc.

22

27

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

23

28

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24

25

29

30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WILLIAMS, WENDELL W
1200 S. HICKORY RIDGE LANE
AVON PARK FL 33825**

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		
TITLE	DP	<input type="checkbox"/> DELETE
NAME	WILLIAMS, WENDELL W	
STREET ADDRESS	P.O. BOX 1441 N/A	
CITY - ST - ZIP	AVON PARK FL 33825	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	BENJAMIN, PHILLIP DR.	
STREET ADDRESS	8650 SUNSET WAY APT 419	
CITY - ST - ZIP	ST PETERSBURG BEACH FL 33706	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	BELTON, C. RONALD	
STREET ADDRESS	P.O. BOX 923 N/A	
CITY - ST - ZIP	JACKSONVILLE FL 32201	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	STARNES, MARJORIE	
STREET ADDRESS	2069 FIRST STREET #202	
CITY - ST - ZIP	FORT MYERS FL 33901	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ALBERTSON, HARRY DR.	
STREET ADDRESS	816 MARTIN LUTHER KING BLVD	
CITY - ST - ZIP	TALLAHASSEE FL 32301	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BEIGHLE, J. WAYNE	
STREET ADDRESS	6327 PALMAS BAY CLUB	
CITY - ST - ZIP	PORT ORANGE FL 32127	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	William R. Hough	
5.3 STREET ADDRESS	100 S DOWD AVE So. - Suite 800	
5.4 CITY - ST - ZIP	St. Petersburg, FL 33701	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	MAURICO A. ROTHMAN	
6.3 STREET ADDRESS	5700 70th Ave No.	
6.4 CITY - ST - ZIP	BENJAMIN PARK, FL 34465	

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: Wendell W. Williams Chairperson 1/23/96 813-45-2-0290
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/95)