

FILE NOW: FILING FEE IS \$61.25

FILED  
Jan 22 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **732240** (7)  
1. Corporation Name  
**FLORIDA COMMUNITY COLLEGE ACTIVITIES ASSOCIATION  
INCORPORATED**

Principal Place of Business <b>816 S. MARTIN LUTHER KING BLVD. TALLAHASSEE FL 32301</b>	Mailing Address <b>816 S. MARTIN LUTHER KING BLVD. TALLAHASSEE FL 32301-2243</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified <b>03/24/1975</b>	3a. Date of Last Report <b>01/26/1996</b>
				4. FEI Number <b>59-6193023</b>	Applied For Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>SMITH, CHARLES F 816 S. MARTIN LUTHER KING BLVD. TALLAHASSEE FL 32301</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code	
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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 **Charles F. Smith** *Charles F. Smith* **January 7, 1997**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCSPADDEN, ROBERT L</b>	1.2 NAME	
STREET ADDRESS	<b>5230 W HWY 98</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PANAMA CITY FL</b>	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WETHERELL, T. K.</b>	2.2 NAME	
STREET ADDRESS	<b>444 APLEYARD DRIVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOLCOMBE, WILLIS N.</b>	3.2 NAME	
STREET ADDRESS	<b>225 E LAS OALS BLVD</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT LAUD, FL 00000</b>	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DAY, PHILIP</b>	4.2 NAME	
STREET ADDRESS	<b>WELCH BOULEVARD</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DAYTONA BCH. FL</b>	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WALKER, KENNETH P.</b>	5.2 NAME	
STREET ADDRESS	<b>8099 COLLEGE PKWY</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT. MYERS FL</b>	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CORNELIUS, CATHERINE</b>	6.2 NAME	
STREET ADDRESS	<b>600 WEST COLLEGE DR</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>AVON PARK FL</b>	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing 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: **T.K. Wetherell** *T.K. Wetherell*

**January 7, 1997**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **6007410**

CR2E037 (9/96)