## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # 722946

(1)

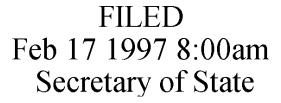
FLORIDA COMMUNITY COLLEGE AT JACKSONVILLE FOUNDA TION, INC.

Principal Place of Business

Mailing Address

SOI WEST STATE STREET JACKSONVILLE FL 32202

501 WEST STATE STREET JACKSONVILLE FL 32202-4030





					3. Date incorporated or Qualified 3a. Date of Last Report 03/20/1972 02/28/1996
2. Principal Place of Business 2a. Mailing Address 2501 West State Street 2501 West State					4. FEI Number Applied For
501 W	lest State Street	25 01 West State	· C+ma	sê i Tai	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Partin Center, Room 468			5. Certificate of Status Desired See Required
22 Marti City & State	n Center, Room 468	City & State			6. Election Campaign Financing \$5.00 May Be
	nville, Florida	28 Jacksonville,	于1or	da	Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country		This corporation has liability for intangible tax under s. 199.032,
24 32202	25 Duval	29 32202	30 Duva	1	Florida Statutes
124 0	9. Name and Address of Current		- Duva	L	10. Name and Address of New Registered Agent
FLORIDA (	STEVEN E., ESQ. COMMUNITY COLLEGE AT JACKS TATE STREET	SONVILLE	81 82 83	Street .	e et Address (P.O. Box Number is Not Acceptable)
	VILLE FL 32202		84	City	FL 85 Zip Code
agent. i ar SIGNATURE _	m tamiliar with, and accept the obligati	ons of, Section 617.0503, Flori	ioa Statute	S.	ed corporation submits this statement for the purpose of changing its registered or
12.	Signature, typed or printed name of registered agent OFFICERS AND		13.	eni signature	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D D	DELETE	1.1 TITLE		Executive Director
NAME	RUPPEL, ARTHUR		1.2 NAME		Arthur L. Ruppel
STREET ADDRESS	501 W. STATE STREET		112 11 0112	T ADDRESS	• •
1	JACKSONVILLE FL 32202		1.4 CITY-:		301 NOSC 30300 303001
CITY-ST-ZIP TITLE	PD	DELETE •	2.1 TITLE	51 - ZIF	Jacksonville, FL 32202
NAME	BARNES, WADE H JR	U OCCCA	2.2 NAME		President
STREET ADDRESS	836 PRUDENTIAL DR STE 1202			T ADDRESS	J. Kirby Chritton
CITY-ST-ZIP	JACKSONVILLE FL 32207		2.4 CITY-		Rogers, lowers, barrey, dones, ada
TITLE	VP	DELETE	3.1 TITLE	31-21	1301 Riverplace Blud. Suite 1500 Jax. F1   First Vice President
NAME	BAKER, KENNETH	•	3.2 NAME		First Vice President   Change   Addition Dave Collier/Merrill Lynch
STREET ADDRESS	2960 STRICKLAND ST	•		T ADDRESS	Barnett Bank bldg., 50 Laura St.,
	JACKSONVILLE FL 32225				Jacksonville, FL 32202
CITY-ST-ZIP TITLE	VP	DELETE	3.4. CITY-	31-21F	Change Addition
NAME	WINBUSH, WYMAN	- Vecele	4. 2 NAME		Second Vice President
STREET ADDRESS	4859 WHITE BLUFF DRIVE			T ADDRESS	7 37 634441 40004
CITY-ST-ZIP	JACKSONVILLE FL 32225		4.4 CITY -		P.O. Box45061 Jacksonville, FL 32231-50
TITLE	TD	DELETE	5.1 TITLE		Treaurer
NAME	WINSTEL, KIM		5.2 NAMÉ		
STREET ADDRESS	P.O.BOX 929 N/A		5.3 STREE	T ADDRESS	David F. Miller ( 4671 Edison Av) Pureice of the South, Inc
CITY-ST-ZIP	JACKSONVILLE FL 32231-0044		5.4 CITY -		P.O.Box60099 Jax, F1, 32236
TITLE		☐ DELETE	6.1 TITLE		Secretary Change Addition
NAME			6.2 NAME		Joy Jones
STREET ADDRESS				T ADDRESS	
					Date Malan Bak Et 22002
14. I do herek	by certify that the information supplied	with this filing does not qualify	for the ex	emption s	stated in Section 119.07(3)(i), Florida Statutes. I further certify that the
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(), 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.					