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Apr 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 722946 (1)
1. Corporation Name
FLORIDA COMMUNITY COLLEGE AT JACKSONVILLE FOUNDATION, INC.



Principal Place of Business 501 WEST STATE STREET MARTIN CENTER, ROOM 468 JACKSONVILLE FL 32202 US	Mailing Address 501 WEST STATE STREET MARTIN CENTER, ROOM 468 JACKSONVILLE FL 32202 US
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3. Date Incorporated or Qualified 03/20/1972
4. FEI Number 07-0161526
Applied For <input type="checkbox"/> Not Applicable

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

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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.

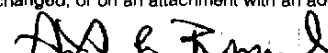
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	D RUPPEL, ARTHUR
STREET ADDRESS	501 W. STATE STREET
CITY-ST-ZIP	JACKSONVILLE FL 32202
TITLE	<input type="checkbox"/> DELETE
NAME	PD BARNES, WADE H JR
STREET ADDRESS	836 PRUDENTIAL DR STE 1202
CITY-ST-ZIP	JACKSONVILLE FL 32207
TITLE	<input type="checkbox"/> DELETE
NAME	VP BAKER, KENNETH
STREET ADDRESS	2980 STRICKLAND ST
CITY-ST-ZIP	JACKSONVILLE FL 32225
TITLE	<input type="checkbox"/> DELETE
NAME	VP WINBUSH, WYMAN
STREET ADDRESS	4859 WHITE BLUFF DRIVE
CITY-ST-ZIP	JACKSONVILLE FL 32225
TITLE	<input type="checkbox"/> DELETE
NAME	TD WINSTEL, KIM
STREET ADDRESS	P.O. BOX 929 N/A
CITY-ST-ZIP	JACKSONVILLE FL 32231-0044
TITLE	<input type="checkbox"/> DELETE
NAME	S JONES, JOY
STREET ADDRESS	8290 MERGANSER DRIVE
CITY-ST-ZIP	PONTE VEDRA BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	(same)
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PD H. DAVIS COLLIER
2.3 STREET ADDRESS	50 LAURA STREET
2.4 CITY-ST-ZIP	JACKSONVILLE, FL 32202
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	VP ROBERT C. SCHWEITZER
3.3 STREET ADDRESS	50 N LAURA ST
3.4 CITY-ST-ZIP	JACKSONVILLE, FL 32202
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	VP DAVID F. MILLER
4.3 STREET ADDRESS	200 SEA ISLAND DRIVE
4.4 CITY-ST-ZIP	PONTE VEDRA BCH, FL 32082
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	TD C. W. GREGG
5.3 STREET ADDRESS	4651 SALISBURY RD, SUITE 400
5.4 CITY-ST-ZIP	JACKSONVILLE, FL 32256
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	S STEPHEN FORDHAM
6.3 STREET ADDRESS	8000 BAYMEADOWS WAY
6.4 CITY-ST-ZIP	JACKSONVILLE, FL 32256

14. I 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:  **Arthur L. Ruppel 3/18/98 (904) 632-3356**

CR2E037 (1097)