04061999-90026-020-$61.25-$61.25

FILED
Apr 06, 1999 8:00 am
Secretary of State
04-06-1999 90026 020 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 722946

1. Corporation Name

FLORIDA COMMUNITY COLLEGE AT JACKSONVILLE FOUNDATION, INC.

Principal Place of Business	Mailing Address
501 WEST STATE STREET MARTIN CENTER, ROOM 468 JACKSONVILLE FL 32202 US	501 WEST STATE STREET MARTIN CENTER, ROOM 468 JACKSONVILLE FL 32202 US

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

3. Date Incorporated or Qualified: 03/20/1972

4. FEI Number: 07-0161526 ☐ 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

9. Name and Address of Current Registered Agent

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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	D	☐ Change ☐ Addition
NAME	RUPPEL, ARTHUR		1.2 NAME	RUPPEL, ARTHUR	
STREET ADDRESS	501 W. STATE STREET		1.3 STREET ADDRESS	501 W. STATE ST	
CITY-ST-ZIP	JACKSONVILLE FL 32202		1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32202	
TITLE	PD	☒ DELETE	2.1 TITLE	D	☐ Change ☑ Addition
NAME	COLLIER, H. DAVIS		2.2 NAME	JOHNSON, ELAINE	
STREET ADDRESS	50 LAURA ST		2.3 STREET ADDRESS	1525 STRATFORD COURT	
CITY-ST-ZIP	JACKSONVILLE FL 32202		2.4 CITY-ST-ZIP	JACKSONVILLE FL 32259	
TITLE	VP	☐ DELETE	3.1 TITLE	D	☑ Change ☐ Addition
NAME	SCHWEITZER, ROBERT C.		3.2 NAME	SCHWEITZER, ROBERT	
STREET ADDRESS	50 N LAURA ST		3.3 STREET ADDRESS	22777 MERIDIAN DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32202		3.4 CITY-ST-ZIP	BOCA RATON, FL 33433	
TITLE	VP	☐ DELETE	4.1 TITLE	D	☑ Change ☐ Addition
NAME	MILLER, DAVID F.		4.2 NAME	MILLER, DAVID	
STREET ADDRESS	200 SEA ISLAND DR		4.3 STREET ADDRESS	200 SEA ISLAND DR	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082		4.4 CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE	TD	☒ DELETE	5.1 TITLE	D	☑ Change ☐ Addition
NAME	GREGG, C. W.		5.2 NAME	FORDHAM, STEPHEN	
STREET ADDRESS	4651 SALISBURY RD STE 400		5.3 STREET ADDRESS	8000 BAYMEADOWS WAY	
CITY-ST-ZIP	JACKSONVILLE FL 32256		5.4 CITY-ST-ZIP	JACKSONVILLE, FL 32256	
TITLE	S	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	FORDHAM, STEPHEN		6.2 NAME		
STREET ADDRESS	8000 BAYMEADOWS WAY		6.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32256		6.4 CITY-ST-ZIP		

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 1/5/99 (904) 632-3356
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

EXECUTIVE DIRECTOR