

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90045 015 ****61.25

DOCUMENT # 722946 1. Entity 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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04162007 Chg-NP CR2E037 (12/06)	
City & State		City & State		4. FEI Number 07-0161526	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WALLACE, STEVEN DR 501 W STATE ST JACKSONVILLE, FL 32202				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED MASON, DR. WILLIAM C 501 W. STATE STREET JACKSONVILLE, FL 32202	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED CHAPPELL, DR SUSAN 501 W. STATE ST JACKSONVILLE, FL 32202	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MYERS, MARSHA 9700 PHILLIPS HWY STE 108 JACKSONVILLE, FL 32256	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/S MYERS, MARSHA 11712 DARTMOOR COURT JACKSONVILLE, FL 32256	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARLIER, JAMES F 2810 ST AUGUSTINE RD/POB 10196 JACKSONVILLE, FL 32247	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/V C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLARKSON, CHARLES 3100 UNIVERSITY BLVD SUITE 20 JACKSONVILLE, FL 32216	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILTON, TEALA 21 W. CHURCH STREET JACKSONVILLE, FL 32202	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/V C WINSTON, JAMES 601 RIVERSIDE AVE, BLDG 2, SUITE 619 JACKSONVILLE, FL 32204	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZELL, DONALD D 7077 BONNEVAL RD JACKSONVILLE, FL 32216	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Susan Chappell</i>			PR SUSAN CHAPPELL EXECUTIVE DIRECTOR 4/18/07 (904) 632-3357		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		