2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Mar 05, 2008 8:00 am Secretary of State **DOCUMENT #722946** 03-05-2008 90028 013 ****61.25 FLORIDA COMMUNITY COLLEGE AT JACKSONVILLE FOUNDATION, INC. Principal Place of Business Mailing Address **501 WEST STATE STREET 501 WEST STATE STREET** JACKSONVILLE, FL 32202 US JACKSONVILLE, FL 32202 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01102008 Chg-NP CR2E037 (12/06) City & State City & State 4. FEI Number Applied For 07-0161526 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MILLER, JEANNE M 501 W STATE ST Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE, FL 32202 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Due by May 1, 2008 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE D ☐ Delete TITLE GRENADIER, EDWARD J. | Change CHAPPELL, SUSAN NAME SOI RIVERSIDE AVE, SUITE 800 501 W. STATE 59 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32202 JACKSONNLIE, FL 32102 CITY-ST-7IP DS TITLE Delete TETLE Change ☐ Addition MYERS, MARSHA NAME NAME STREET ADDRESS 11712 DARTMOOR COURT STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32256 CITY-ST-ZIP DVC DC TITLE Delete TITLE ☐ Addition MARLIER, JAMES F NAME 2810 ST AUGUSTINE RD/POB 10196 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32247 CITY-ST-7IP DC Delete TITLE TITLE Change ☐ Addition CLARKSON, CHARLES NAME NAME 3100 UNIVERSITY BLVD SUITE 20 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32216 CITY-ST-ZIP DVC MILE ☐ Delete MLE Change ☐ Addition WINSTON, JAMES NAME STREET ADDRESS 601 RIVERSIDE AVE BLD 2 SUITE 619 STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32204 CITY-ST-7IP ☐ Delete TITLE ☐ Change Addition ZELL, DONALD D NAME NAME

FILED

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.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS 7077 BONNEVAL RD

JACKSONVILLE, FL 32216

CITY-ST-ZIP

SIGNATURE: SWAM & Changell

AND TYPED OR PRINTED NAME OF SIG EXECUTIVE DIRECTOR 2/10/08