2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 28, 2009
Secretary of State

DOCUMENT# 732240

Entity Name: FLORIDA COMMUNITY COLLEGE ACTIVITIES ASSOCIATION INCORPORATED

Current Principal Place of Business:

113 E. COLLEGE AVE.
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

113 E. COLLEGE AVE.
TALLAHASSEE, FL 32301

New Mailing Address:

FEI Number: 59-6193023 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BLACKBURN, JAMES E
113 EAST COLLEGE AVE.
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	HALL, CHARLES	
Address:	149 SOUTHEAST VOCATIONAL PLACE	
City-St-Zip:	LAKE CITY, FL 32025	
Title:	D	( ) Delete
Name:	LAW, WILLIAM	
Address:	444 APPLEYARD DR.	
City-St-Zip:	TALLAHASSEE, FL 32304	
Title:	D	( ) Delete
Name:	STEEN, MORRIS	
Address:	1000 TURNER DAVIS DRIVE	
City-St-Zip:	MADISON, FL 32340	
Title:	D	( ) Delete
Name:	MCGEE, ANN	
Address:	100 WELDON WAY	
City-St-Zip:	SANFORD, FL 32773	
Title:	D	( ) Delete
Name:	PROUGH, GENE	
Address:	3094 INDIAN CIRCLE	
City-St-Zip:	MARIANNA, FL 32446	
Title:	D	( ) Delete
Name:	GALLON, DENNIS	
Address:	4200 CONGRESS AVE.	
City-St-Zip:	LAKE WORTH, FL 33461	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	GROSSKOPF, JOHN	
Address:	1000 TURNER DAVIS DRIVE	
City-St-Zip:	MADISON, FL 32340	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES E. BLACKBURN O 05/28/2009

Electronic Signature of Signing Officer or Director — Date