

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732240

FILED
Mar 18, 2014
Secretary of State
CC8549839116

Entity Name: FLORIDA COLLEGE SYSTEM ACTIVITIES ASSOCIATION
INCORPORATED

Current Principal Place of Business:

113 E. COLLEGE AVE.
TALLAHASSEE, FL 32301

Current Mailing Address:

113 E. COLLEGE AVE.
TALLAHASSEE, FL 32301

FEI Number: 59-6193023

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

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

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

Officer/Director Detail :

Title DIRECTOR
Name HALL, CHARLES DR.
Address 149 SOUTHEAST VOCATIONAL PLACE
City-State-Zip: LAKE CITY FL 32025

Title DIRECTOR
Name MURDAUGH, JAMES DR.
Address 444 APPELYARD DR.
City-State-Zip: TALLAHASSEE FL 32304

Title DIRECTOR
Name MCGEE, ANN DR.
Address 100 WELDON WAY
City-State-Zip: SANFORD FL 32773

Title DIRECTOR
Name HURST, JASON DR.
Address 3094 INDIAN CIRCLE
City-State-Zip: MARIANNA FL 32446

Title DIRECTOR
Name GALLON, DENNIS DR.
Address 4200 CONGRESS AVE.
City-State-Zip: LAKE WORTH FL 33461

Title EXECUTIVE DIRECTOR
Name BLACKBURN, JAMES E
Address 113 E. COLLEGE AVE.
City-State-Zip: TALLAHASSEE FL 32301

Title DIRECTOR
Name ARMSTRONG, DAVID
Address 111 E. OLAS BLVD.
City-State-Zip: FT. LAUDERDALE FL 33301

Title DIRECTOR
Name HENNINGSSEN, JIM DR.
Address 3001 SW COLLEGE RD.
City-State-Zip: OCALA FL 34474

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I hereby 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 all other like empowered.

SIGNATURE: JAMES E. BLACKBURN

EXECUTIVE DIRECTOR

03/18/2014

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name EATON, CAROL DR.
Address P. O. BOX 2811
City-State-Zip: DAYTONA BEACH FL 32120

Title DIRECTOR
Name ALLBRITTEN, JEFF DR.
Address 8099 COLLEGE PARKWAY
City-State-Zip: FT. MYERS FL 33919

Title DIRECTOR
Name GUEVERRA, JONATHAN DR.
Address 5901 COLLEGE ROAD
City-State-Zip: KEY WEST FL 33040

Title DIRECTOR
Name KERLEY, JIM DR.
Address 5230 W. HIGHWAY 98
City-State-Zip: PANAMA CITY FL 32401

Title DIRECTOR
Name MOJOCK, CHARLES DR.
Address 9501 U. S. HIGHWAY 441
City-State-Zip: LEESBURG FL 34788

Title DIRECTOR
Name HANDY, TY DR.
Address 100 COLLEGE BLVD.
City-State-Zip: NICEVILLE FL 32578

Title DIRECTOR
Name MEADOWS, ED DR.
Address 1000 COLLEGE BLVD
City-State-Zip: PENSACOLA FL 32504

Title DIRECTOR
Name SASSER, JACKSON DR.
Address 3000 NW 83RD STREET
City-State-Zip: GAINESVILLE FL 32606

Title DIRECTOR
Name PROBSTFELD, CAROL DR.
Address P. O. BOX 1849
City-State-Zip: BRADENTON FL 34206

Title DIRECTOR
Name PICKENS, JOE ESQ.
Address 5001 ST. JOHNS AVENUE
City-State-Zip: PALATKA FL 32177

Title DIRECTOR
Name RICHEY, JAMES DR.
Address 1519 CLEARLAKE ROAD
City-State-Zip: COCOA FL 32922

Title DIRECTOR
Name BIOTEAU, CYNTHIA DR.
Address 501 W. STATE STREET
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR
Name ATWATER, KENNETH DR.
Address P. O. BOX 31127
City-State-Zip: TAMPA FL 33631

Title DIRECTOR
Name MASSEY, EDWIN DR.
Address 3209 VIRGINIA AVENUE
City-State-Zip: FT. PIERCE FL 34981

Title DIRECTOR
Name PADRON, EDUARDO DR.
Address 300 NE 2ND AVENUE
City-State-Zip: MIAMI FL 33132

Title DIRECTOR
Name JOHNSON, KATHERINE DR.
Address 10230 RIDGE ROAD
City-State-Zip: NEW PORT RICHEY FL 34654

Title DIRECTOR
Name HOLDEN, EILEEN DR.
Address 999 AVENUE H, NE
City-State-Zip: WINTER HAVEN FL 33881

Title DIRECTOR
Name LEITZEL, THOMAS DR.
Address 600 W. COLLEGE DRIVE
City-State-Zip: AVON PARK FL 33825

Title DIRECTOR
Name LAW, WILLIAM DR.
Address P. O. BOX 13489
City-State-Zip: ST. PETERSBURG FL 33733

Title DIRECTOR
Name SHUGART, SANFORD DR.
Address P.O. BOX 3028
City-State-Zip: ORLANDO FL 32802