

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732240

Entity Name: FLORIDA COLLEGE SYSTEM ACTIVITIES ASSOCIATION
INCORPORATED**FILED**
Mar 20, 2013
Secretary of State
CC2161951739**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	D
Name	HALL, CHARLES
Address	149 SOUTHEAST VOCATIONAL PLACE
City-State-Zip:	LAKE CITY FL 32025

Title	D
Name	GROSSKOPF, JOHN
Address	1000 TURNER DAVIS DRIVE
City-State-Zip:	MADISON FL 32340

Title	D
Name	PROUGH, GENE
Address	3094 INDIAN CIRCLE
City-State-Zip:	MARIANNA FL 32446

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

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

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

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

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****03/20/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date