## 2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 732240** 

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:

WARREN, KELLY N 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: KELLY N WARREN 01/25/2017

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title DIRECTOR Title DIRECTOR

Name BARRETT, LAWRENCE DR. Name MURDAUGH, JAMES DR.

Address 149 SOUTHEAST VOCATIONAL PLACE Address 444 APPLEYARD DR.

City-State-Zip: TALLAHASSEE FL 32304

City-State-Zip: LAKE CITY FL 32025

Title DIRECTOR

Name MCGEE, ANN DR.

Address 100 WELDON WAY

Name CLEMMENS, SARAH DR.

Address 3094 INDIAN CIRCLE

City-State-Zip: MARIANNA FL 32446

Title DIRECTOR

Name WARREN, KELLY N

Name PARKER, AVA DR.

Address 4200 CONGRESS AVE.

Address 4200 CONGRESS AVE.

City-State-Zip: TALLAHASSEE FL 32301

Title DIRECTOR

Name HENNINGSEN, JIM DR.

Name ARMSTRONG, DAVID

Address 3001 SW COLLEGE RD.

Address 111 E. OLAS BLVD.

City-State-Zip: OCALA FL 34474
City-State-Zip: FT. LAUDERDALE FL 33301

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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: KELLY N WARREN EXECUTIVE DIRECTOR

Electronic Signature of Signing Officer/Director Detail

01/25/2017 Date

FILED Jan 25, 2017

**Secretary of State** 

CC9674941101

## Officer/Director Detail Continued:

City-State-Zip:

City-State-Zip:

Title

LEESBURG FL 34788

PENSACOLA FL 32504

DIRECTOR

City-State-Zip: PALATKA FL 32177

Title DIRECTOR Title DIRECTOR

NameLOBASSO, THOMAS DR.NameRICHEY, JAMES DR.AddressP. O. BOX 2811Address1519 CLEARLAKE ROAD

City-State-Zip: DAYTONA BEACH FL 32120 City-State-Zip: COCOA FL 32922

Title DIRECTOR Title DIRECTOR

NameALLBRITTEN, JEFF DR.NameBIOTEAU, CYNTHIA DR.Address8099 COLLEGE PARKWAYAddress501 W. STATE STREETCity-State-Zip:FT. MYERS FL 33919City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR Title DIRECTOR

Name GUEVERRA, JONATHAN DR. Name ATWATER, KENNETH DR.

Address 5901 COLLEGE ROAD Address P. O. BOX 31127

City-State-Zip: KEY WEST FL 33040 City-State-Zip: TAMPA FL 33631

Title DIRECTOR Title DIRECTOR

NameHOLDNAK, JOHN DR.NameMASSEY, EDWIN DR.Address5230 W. HIGHWAY 98Address3209 VIRGINIA AVENUECity-State-Zip:PANAMA CITY FL 32401City-State-Zip: FT. PIERCE FL 34981

Title DIRECTOR Title DIRECTOR

Name SIDOR, STANLEY DR.

Address 9501 U. S. HIGHWAY 441

Other State Sta

Title DIRECTOR Title DIRECTOR

NameJERRELL, SASHA DR.NameBEARD, TIM DR.Address100 COLLEGE BLVD.Address10230 RIDGE ROAD

City-State-Zip: NICEVILLE FL 32578 City-State-Zip: NEW PORT RICHEY FL 34654

Title DIRECTOR Title DIRECTOR

Name MEADOWS, ED DR.

Address 1000 COLLEGE BLVD Name HOLDEN, EILEEN DR.

Address 999 AVENUE H, NE

City-State-Zip: WINTER HAVEN FL 33881

Title DIRECTOR

Name SASSER, JACKSON DR.

Address 3000 NW 83RD STREET

Name LEITZEL, THOMAS DR.

Address 600 W. COLLEGE DRIVE

City-State-Zip: AVON PARK FL 33825 City-State-Zip: GAINESVILLE FL 32606

Title DIRECTOR

Name PROBSTFELD, CAROL DR.

Name LAW, WILLIAM DR.

Address P. O. BOX 13489

Address P. O. BOX 1849 City-State-Zip: ST. PETERSBURG FL 33733

City-State-Zip: BRADENTON FL 34206

Title DIRECTOR

Name PICKENS, JOE ESQ.

Name SHUGART, SANFORD DR.

Address P.O. BOX 3028

Address 5001 ST. JOHNS AVENUE City-State-Zip: ORLANDO FL 32802