

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000009553

**FILED**  
**Jan 12, 2015**  
**Secretary of State**  
**CC8490556811**

**Entity Name:** COLLEGES OF CENTRAL FLORIDA CAREER CONSORTIUM, INC.

**Current Principal Place of Business:**

150 W. UNIVERSITY BLVD.  
CAREER MANAGEMENT SERVICES (CCFCC) ROOM 307  
MELBOURNE, FL 32901-6975

**Current Mailing Address:**

150 W. UNIVERSITY BLVD.  
CAREER MANAGEMENT SERVICES (CCFCC) ROOM 307  
MELBOURNE, FL 32901-6975 US

**FEI Number: 26-1142693**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

HARDING, TIMOTHY M  
401 W. KENNEDY BOULEVARD  
CAREER SERVICES, BOX K  
TAMPA FL 33606 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            PRESIDENT  
Name            LIDDELL, ROBERT  
Address        ST. LEO UNIVERSITY  
                  33701 STATE ROUTE 52  
City-State-Zip: ST. LEO FL 33574-6665

Title            SEC  
Name            KAZMAREK, ROBIN  
Address        421 NORTH WOODLAND BOULEVARD  
City-State-Zip: DELAND FL 32723

Title            ATRE  
Name            HARDING, TIMOTHY M  
Address        401 W. KENNEDY BOULEVARD, BOX K  
City-State-Zip: TAMPA FL 33606

Title            TREASURER  
Name            MINTA, ERIN E.  
Address        150 W. UNIVERSITY BLVD.  
                  CAREER MANAGEMENT SERVICES  
                  (CCFCC) ROOM 307  
City-State-Zip: MELBOURNE FL 32901-6975

Title            VICE-PRESIDENT  
Name            SHEEHY, JOHN  
Address        421 NORTH WOODLAND BOULEVARD  
City-State-Zip: DELAND FL 32723

*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: ERIN MINTA**

**TREASURER, CCFCC**

**01/12/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date