2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000003369

Entity Name: FLORIDA ASSOCIATION OF COLLEGIATE REGISTRARS AND

ADMISSIONS OFFICERS, CORP.

Current Principal Place of Business:

VALENCIA COLLEGE1800 S. KIRKMAN ROAD ATTENTION: EDWIN SANCHEZ MC 4-43

ORLANDO, FL 32811

Current Mailing Address:

VALENCIA COLLEGE1800 S. KIRKMAN ROAD ATTENTION: EDWIN SANCHEZ MC 4-43

ORLANDO, FL 32811 US

FEI Number: 59-3088137 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

SANCHEZ, EDWIN

VALENCIA COLLEGE 1800 S. KIRKMAN ROAD

MC 4-43

Name

ORLANDO, FL 32811 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: EDWIN SANCHEZ 01/09/2014

> Date Electronic Signature of Registered Agent

FILED Jan 09, 2014

Secretary of State

CC0136048138

Officer/Director Detail:

Title IMMEDIATE PAST PRESIDENT Title **TREASURER** Name BECKETT, KAREN Name SANCHEZ, EDWIN

Address UNIVERSITY OF MIAMI Address VALENCIA COLLEGE 1800 S.

> PO BOX 248026 KIRKMAN ROAD

CORAL GABLES FL 33124-6914 ORLANDO FL 32811 City-State-Zip: City-State-Zip:

Title **SECRETARY** Title VICE-PRESIDENT OF PROFESSIONAL DEVELOPMENT

HUTLEY, MICHAEL Name KICKLITER, HOLLY Name

Address SANTA FF COLLEGE Address USF ST. PETE. 140 7TH AVE. SOUTH, 3000 NW 83RD STREET BLDG R R00M

BAY 102

ST. PETERSBURG FL 33701 City-State-Zip: City-State-Zip: GAINSVILLE FL 32606

Title **PRESIDENT** Title TREASURER ELECT

CREAN, SHERRI Name Name RODRIGUEZ, BARBARA

WARNER UNIVERSITY Address Address UNIVERSITY OF CENTRAL FLORIDA

PO BOX 160112 13895 HIGHWAY 27

City-State-Zip: LAKE WALES FL 33859 City-State-Zip: ORLANDO FL 32829

Title PRESIDENT-ELECT Title VICE PRESIDENT OF EMERGING AND

SPECIALIZED PROGRAMS Name KUEHNER, MEGAN

UNIVERSITY OF NORTH FLORIDA Address Address

EMBRY-RIDDLE AERONAUTICAL 1 UNF DRIVE

UNIVERSITY DAYTONA BEACH JACKSONVILLE FL 32224 City-State-Zip: **CAMPUS**

600 SOUTH CLYDE MORRIS BLVD

DAYTONA BEACH FL 32114 City-State-Zip:

CARO, M.J.

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.

01/09/2014 SIGNATURE: EDWIN SANCHEZ **TREASURER**