

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 707864

FILED
Jan 14, 2009
Secretary of State

Entity Name: CENTRAL FLORIDA COMMUNITY COLLEGE FOUNDATION, INC.

Current Principal Place of Business:

3001 SW COLLEGE RD
OCALA, FL 34474

New Principal Place of Business:

3001 SW COLLEGE RD, BLDG 42
OCALA, FL 34474

Current Mailing Address:

P.O. BOX 1388
OCALA, FL 34478

New Mailing Address:

FEI Number: 59-6139037

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

STEARNS, JOAN M
3001 S.W. COLLEGE ROAD
OCALA, FL 34474 US

Name and Address of New Registered Agent:

STEARNS, JOAN M
3001 S.W. COLLEGE ROAD, BLDG 42
OCALA, FL 34474 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: JOAN M. STEARNS

01/14/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: MALEVER, BRENT
Address: 327 SE 22ND AVENUE
City-St-Zip: OCALA, FL 34471

Title: VCD () Delete
Name: BRANSON, RUSTY
Address: 2210 SE 17TH STREET
City-St-Zip: OCALA, FL 34471

Title: SD () Delete
Name: LANDT, MARY CAY
Address: 1336 SE 8TH STREET
City-St-Zip: OCALA, FL 34471

Title: P () Delete
Name: PEALER, JR, CASIUS H DR
Address: 3001 SW COLLEGE RD, BLDG. 42
City-St-Zip: OCALA, FL 34474

Title: TD () Delete
Name: ANDREWS, SCOTTY
Address: 1239 SE 11TH STREET
City-St-Zip: OCALA, FL 34471

Title: PCD () Delete
Name: FOSTER, E. L.
Address: 2025 SE 12TH STREET
City-St-Zip: OCALA, FL 34471

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: EDIR (X) Change () Addition
Name: STEARNS, JOAN M
Address: 3001 SW COLLEGE RD, BLDG. 42
City-St-Zip: OCALA, FL 34474

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JOAN M. STEARNS

EDIR

01/14/2009

Electronic Signature of Signing Officer or Director

Date