FILE NOW: FILING FEE IS $61.25

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Jan 29 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 711753 (4)

1. Corporation Name

NORTH FLORIDA COMMUNITY COLLEGE FOUNDATION, INC.

Principal Place of Business	Mailing Address
1000 TURNER DAVIS DRIVE MADISON FL 32340	1000 TURNER DAVIS DRIVE MADISON FL 32340-1602

3. Date Incorporated or Qualified: 11/04/1966
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 / Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 / Country — 30

4. FEI Number: 59-6179948 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MULKEY, AMELIA
1000 TURNER DAVIS DR.
MADISON FL 32340

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	SD	☐ Change ☒ Addition
NAME	CLARK, JARGO		1.2 NAME	Gerri Bucher	
STREET ADDRESS	105 S.E. LAKE		1.3 STREET ADDRESS	Rt 1 Box 579	
CITY-ST-ZIP	MADISON FL		1.4 CITY-ST-ZIP	Madison, Fl 32340	
TITLE	DV	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BEGGS, TOMMY		2.2 NAME		
STREET ADDRESS	904 PICKLE LANE		2.3 STREET ADDRESS		
CITY-ST-ZIP	MADISON FL		2.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MULKEY, AMELIA		3.2 NAME		
STREET ADDRESS	RT 4 BOX 1160		3.3 STREET ADDRESS		
CITY-ST-ZIP	MADISON FL		3.4 CITY-ST-ZIP		
TITLE	DC	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SMITH, HAROLD		4.2 NAME	800002073328	
STREET ADDRESS	RT 1 BOX 150		4.3 STREET ADDRESS	-01/30/97--01027--004	
CITY-ST-ZIP	MAYO FL		4.4 CITY-ST-ZIP	***61.25	
TITLE	SD	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	DAY, EDITH H., PH.D.		5.2 NAME	13 1/29	
STREET ADDRESS	RT. 4, BOX 170		5.3 STREET ADDRESS		
CITY-ST-ZIP	MADISON FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME	800002073324	
STREET ADDRESS			6.3 STREET ADDRESS	-01/30/97--01027--003	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	***165.00	

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Gerri Bucher Gerri Bucher — January 24, 1997 — (904) 973-1607 or 298-1607
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0008963