

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2006 8:00 am
Secretary of State

07-06-2006 90002 020 ****61.25

DOCUMENT # 711753	
1. Entity Name NORTH FLORIDA COMMUNITY COLLEGE FOUNDATION, INC.	



Principal Place of Business 1000 TURNER DAVIS DRIVE MADISON, FL 32340	Mailing Address 1000 TURNER DAVIS DRIVE MADISON, FL 32340
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50021581



2. Principal Place of Business 325 N. W. Turner Davis Dr.		3. Mailing Address 325 N. W. Turner Davis Dr.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

07052006 Chg-NP CR2E037 (4/06)

4. FEI Number 59-6179948		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent MULKEY, AMELIA 1000 TURNER DAVIS DRIVE MADISON, FL 32340		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 325 N. W. Turner Davis Dr. City FL Zip Code	
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Amelia Mulkey Amelia Mulkey 7/5/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLARK, JARGO 105 S.E. LAKE MADISON, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BURCH, BETSY 8863 133RD RD LIVE OAK, FL 32060 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC GREEN, ELOUISE RT. 1 BOX 606 MAYO, FL 32066 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RUTHERFORD, GINA 1000 TURNER DAVIS DRIVE MADISON, FL 32340 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Gina Rutherford Gina Rutherford 7/5/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #