2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2007 08:00 A
Secretary of State

DOCUMENT # 711753

1. Entity Name
NORTH FLORIDA COMMUNITY COLLEGE FOUNDATION, INC.

Principal Place of Business	Mailing Address
325 NW TURNER DAVIS DR MADISON, FL 32340	325 NW TURNER DAVIS DR MADISON, FL 32340

01092007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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
325 NW TURNER DAVIS DR
MADISON, FL 32340

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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 1/9/07
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 May 1, 2007

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10.	OFFICERS AND DIRECTORS
TITLE	D
NAME	CLARK, JARGO
STREET ADDRESS	105 S.E. LAKE
CITY-ST-ZIP	MADISON, FL
TITLE	DV
NAME	BURCH, BETSY
STREET ADDRESS	8863 133RD RD
CITY-ST-ZIP	LIVE OAK, FL 32060
TITLE	DC
NAME	GREEN, ELOUISE
STREET ADDRESS	RT. 1 BOX 606
CITY-ST-ZIP	MAYO, FL 32066
TITLE	SD
NAME	RUTHERFORD, GINA
STREET ADDRESS	1000 TURNER DAVIS DRIVE
CITY-ST-ZIP	MADISON, FL 32340
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100000585371
01/16/07-80010-009 61.25

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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 1/9/07 850-973-9414
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #