2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2009
Secretary of State

DOCUMENT# 711753

Entity Name: NORTH FLORIDA COMMUNITY COLLEGE FOUNDATION, INC.

Current Principal Place of Business:

325 NW TURNER DAVIS DR
MADISON, FL 32340

New Principal Place of Business:

Current Mailing Address:

325 NW TURNER DAVIS DR
MADISON, FL 32340

New Mailing Address:

FEI Number: 59-6179948 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MULKEY, AMELIA
325 NW TURNER DAVIS DR
MADISON, FL 32340 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: CLARK, JARGO,
Address: 105 S.E. LAKE
City-St-Zip: MADISON, FL

Title: DV ( ) Delete
Name: BURCH, BETSY
Address: 8863 133RD RD
City-St-Zip: LIVE OAK, FL 32060

Title: DC ( ) Delete
Name: GREEN, ELOUISE
Address: RT. 1 BOX 606
City-St-Zip: MAYO, FL 32066

Title: SD ( ) Delete
Name: RUTHERFORD, GINA
Address: 1000 TURNER DAVIS DRIVE
City-St-Zip: MADISON, FL 32340

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: DC (X) Change ( ) Addition
Name: GREEN, ELOUISE
Address: 4941 N. W. CR 251
City-St-Zip: MAYO, FL 32066

Title: SD (X) Change ( ) Addition
Name: RUTHERFORD, GINA
Address: 325 N W TURNER DAVIS DRIVE
City-St-Zip: MADISON, FL 32340

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: GINA RUTHERFORD SD 01/23/2009

Electronic Signature of Signing Officer or Director — Date