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CORPORATION ANNUAL REPORT 1995

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 20 PM 1:22

DOCUMENT # 715106 (1)

1. Corporation Name
FLORIDA ASSOCIATION OF COMMUNITY COLLEGES, INC.

Principal Place of Business	Mailing Address
912 S MARTIN LUTHER KING TALLAHASSEE FL 32301 US	PO BOX 2333 TALLAHASSEE FL 32316-2333 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/14/1968
3a. Date of Last Report: 04/06/1994
4. FEI Number: 59-1423380 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address	5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
21 816 S. Martin Luther King	26	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
City & State 23 Tallahassee, FL	City & State 28	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
Zip / Country 24 32301 / 25 US	Zip / Country 29 / 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes XX Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ALBERTSON, HARRY T 912 S MARTIN LUTHER KING BLVD. (should be 816) TALLAHASSEE FL 32301	01 Name 02 Street Address (P.O. Box Number is Not Acceptable) 03 04 City FL 05 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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	VD	1.1 TITLE	VD ☒ Change ☐ Addition
NAME	JACKSON, FLOSSIE	1.2 NAME	Massey, Margaret
STREET ADDRESS	INDIAN RIVER COMMUNITY COLLEGE	1.3 STREET ADDRESS	Miami-Dade Community College
CITY-ST-ZIP	FT PIERCE FL	1.4 CITY-ST-ZIP	Miami, FL 33176
TITLE	PD	2.1 TITLE	VD ☒ Change ☐ Addition
NAME	GREEN, THOMAS	2.2 NAME	Bocchino-Henderson, Irmgard
STREET ADDRESS	BROWARD COMMUNITY COLL.	2.3 STREET ADDRESS	Broward Community College
CITY-ST-ZIP	FT. LAUDERDALE FL	2.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33314
TITLE	PD	3.1 TITLE	☐ Change ☐ Addition
NAME	HYSMITH, EVA MARIE	3.2 NAME	
STREET ADDRESS	MANATEE COMMUNITY COLL.	3.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	D ☒ Change ☐ Addition
NAME	ALBERTSON, HARRY T	4.2 NAME	Albertson, Harry T.
STREET ADDRESS	912 S MARTIN LUTHER KING BLVD.	4.3 STREET ADDRESS	816 S. Martin Luther King Blvd.
CITY-ST-ZIP	TALLAHASSEE FL	4.4 CITY-ST-ZIP	Tallahassee, FL 32301
TITLE	PE	5.1 TITLE	PD ☒ Change ☐ Addition
NAME	BURT HARRES	5.2 NAME	Harres, Burt
STREET ADDRESS	HILLSBOROUGH CC	5.3 STREET ADDRESS	Pasco-Hernando Community College
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	Brooksville, FL 34601
TITLE	VD	6.1 TITLE	PE ☒ Change ☐ Addition
NAME	BRUCE, GAIUS	6.2 NAME	Bruce, Gaius
STREET ADDRESS	OKALOOSA-WALTON CC	6.3 STREET ADDRESS	Okaloosa-Walton Community College
CITY-ST-ZIP	NICEVILLE FL	6.4 CITY-ST-ZIP	Niceville, FL 32578

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: [signature] Exec. Dir. 1/13/95 904/222-3222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0027705