FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # 715106 (1)

1. Corporation Name

FLORIDA ASSOCIATION OF COMMUNITY COLLEGES, INC.

Principal Place of Business	Mailing Address
816 S ML KING TALLAHASSEE FL 32301 US	PO BOX 2333 TALLAHASSEE FL 32316-2333 US

3. Date Incorporated or Qualified: 08/14/1968
3a. Date of Last Report: 01/20/1995

2. Principal Place of Business	2a. Mailing Address
21	26 816 S. Martin Luther King Blvd
Suite, Apt. #, etc. 22	Suite, Apt. #, etc 27
City & State 23	City & State 28 Tallahassee, FL
Zip 24 / Country 25	Zip 29 32301 / Country 30 USA

4. FEI Number: 59-1423380 ☐ 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	10. Name and Address of New Registered Agent
ALBERTSON, HARRY T ~~912~~ S MARTIN LUTHER KING BLVD. 816 S. TALLAHASSEE FL 32301	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	VD	☐ DELETE	1.1 TITLE	PE	☒ Change ☐ Addition
NAME	MASSEY, MARGARET		1.2 NAME	Massey, Margaret	
STREET ADDRESS	MIAMI-DADE COMM COLLEGE		1.3 STREET ADDRESS	Miami-Dade Community College	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	Miami, FL 33176	
TITLE	VD	☐ DELETE	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	BOCCHIO-HENDERSON, IRMGARD		2.2 NAME	Hergianto, Barbara	
STREET ADDRESS	BROWARD COMM COLLEGE		2.3 STREET ADDRESS	South Florida Community College	
CITY-ST-ZIP	FT LAUDERDALE FL		2.4 CITY-ST-ZIP	Avon Park, FL 33825	
TITLE	PD	☐ DELETE	3.1 TITLE	VD	☒ Change ☐ Addition
NAME	HYSMITH, EVA MARIE		3.2 NAME	Culbreth, Laurie	
STREET ADDRESS	MANATEE COMMUNITY COLL.		3.3 STREET ADDRESS	Chipola Junior College	
CITY-ST-ZIP	BRADENTON FL		3.4 CITY-ST-ZIP	Marianna, FL 32446	
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	ALBERTSON, HARRY T		4.2 NAME		
STREET ADDRESS	816 S ML KING		4.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL		4.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	HARRES, BERT		5.2 NAME		
STREET ADDRESS	PASCO-HERNANDO COMM COLLEGE		5.3 STREET ADDRESS		
CITY-ST-ZIP	BROOKSVILLE FL		5.4 CITY-ST-ZIP		
TITLE	PE	☐ DELETE	6.1 TITLE	PD	☒ 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	

CR2E037 (12/95)

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)(k), 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: _____ Dr. Harry T. Albertson 2/8/96 904/222-3222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #