SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

FILED
Jul 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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	816 SOUTH MARTIN LUTHER KING BLVD TALLAHASSEE FL 32301 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/14/1968
3a. Date of Last Report: 02/15/1996

2. Principal Place of Business (21):
2a. Mailing Address (26):
Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):
City & State (23):
City & State (28):
Zip (24): Country (25):
Zip (29): Country (30):

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 owes or has paid the current year Intangible Personal Property Tax due June 30. XXX Yes ☐ No

9. Name and Address of Current Registered Agent

ALBERTSON, HARRY T
912 S MARTIN LUTHER KING BLVD.
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 816 S. Martin Luther King Blvd.
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	PD	XX Change ☐ Addition
NAME	MASSEY, MARGARET		1.2 NAME	Massey, Margaret	
STREET ADDRESS	MIAMI-DADE COMMUNITY 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	XX Change ☐ Addition
NAME	BOCCHIO-HENDERSON, IRMGARD		2.2 NAME	Mojock, Charles	
STREET ADDRESS	BROWARD COMM COLLEGE		2.3 STREET ADDRESS	Daytona Beach Community College	
CITY-ST-ZIP	FT LAUDERDALE FL		2.4 CITY-ST-ZIP	Daytona Beach, FL 32120	
TITLE	PD	☐ DELETE	3.1 TITLE	VD	XX Change ☐ Addition
NAME	HYSMITH, EVA MARIE		3.2 NAME	Colman, Cliff	
STREET ADDRESS	MANATEE COMMUNITY COLL.		3.3 STREET ADDRESS	Miami-Dade Community College	
CITY-ST-ZIP	BRADENTON FL		3.4 CITY-ST-ZIP	Miami, FL 33132	
TITLE	D	☐ DELETE	4.1 TITLE	700022518 97	☐ Change ☐ Addition
NAME	ALBERTSON, HARRY T		4.2 NAME	-07/30/97--01005--037	
STREET ADDRESS	816 S ML KING		4.3 STREET ADDRESS	***61.25	
CITY-ST-ZIP	TALLAHASSEE FL		4.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	5.1 TITLE	PE	XX Change ☐ Addition
NAME	HARRES, BERT		5.2 NAME	O'Daniel, Dale	
STREET ADDRESS	PASCO-HERNANDO COMM COLLEGE		5.3 STREET ADDRESS	Chipola Junior College	
CITY-ST-ZIP	BROOKSVILLE FL		5.4 CITY-ST-ZIP	Marianna, FL 32446	
TITLE	PE	☐ DELETE	6.1 TITLE	PD	XX Change ☐ Addition
NAME	BRUCE, GAIUS		6.2 NAME	Bruce, Gaius	
STREET ADDRESS	OKALOOSA-WALTON COMMUNITY COLLEGE		6.3 STREET ADDRESS	Okaloosa-Walton Community College	
CITY-ST-ZIP	NICEVILLE FL		6.4 CITY-ST-ZIP	Niceville, FL 32578	

CR2E037 (4/97)

7-24 JP

14. I do hereby certify that the information supplied with this filing 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] REQUIRED Harry T. Albertson 7/21/97 850/222-3222