2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#715106

FILED Mar 04, 2009 Secretary of State

Entity Name: FLORIDA ASSOCIATION OF COMMUNITY COLLEGES, INC.

Current Principal Place of Business: New Principal Place of Business:

113 E. COLLEGE AVENUE TALLAHASSEE, FL 32301 US

Current Mailing Address: New Mailing Address:

113 E. COLLEGE AVENUE TALLAHASSEE, FL 32301 US

FEI Number: 59-1423380 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

COMINS, MICHAEL

113 E. COLLEGE AVENUE

TALLAHASSEE, FL 32301 US

BRAWER, MICHAEL

113 E. COLLEGE AVENUE

TALLAHASSEE, FL 32301 US

TALLAHASSEE, FL 32301 US

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: MICHAEL BRAWER 03/04/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PP () Delete Title: PP (X) Change () Addition

Name: ALLBRITTEN, JEFF Name: QUINN, CAROL
Address: 7007 LELY CULTURAL PARKWAY Address: 1000 COLLEGE BLVD.

City-St-Zip: NAPLES, FL 34113 City-St-Zip: PENSACOLA, FL 32504

Title: P () Delete Title: P (X) Change () Addition

 Name:
 QUINN, CAROL
 Name:
 BENEDICKS, WILL

 Address:
 1000 COLLEGE BLVD.
 Address:
 444 APPLEYARD DRIVE

 City-St-Zip:
 PENSACOLA, FL 32504
 City-St-Zip:
 TALLAHASSEE, FL 32303

Title: VD () Delete Title: VD (X) Change () Addition Name: WARD, EVELYN Name: STORCK, DENNIS

Address: 3094 INDIAN CIRCLE Address: 5230 W. US HIGHWAY 98
City-St-Zip: MARIANNA, FL 32446 City-St-Zip: PANAMA CITY, FL 32401

Title: D () Delete Title: D (X) Change () Addition

Title: VD () Delete Title: VD (X) Change () Addition

Name: YEAGER, DIXIE Name: SLIGH, GARY

Address: 283 COLLEGE DRIVE Address: 9501 US HIGHWAY 441
City-St-Zip: ORANGE PARK, FL 32065 City-St-Zip: LEESBURG, FL 34788

Title: PE () Delete Title: PE (X) Change () Addition Name: BENEDICKS, WILL Name: WILLIAMS, MARTHA Address: 444 APPLEYARD DRIVE Address: 8600 VALENCIA COLLEGE LANE

City-St-Zip: TALLAHASSEE, FL 32304 City-St-Zip: ORLANDO, FL 32825

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: MICHAEL BRAWER CEO 03/04/2009