

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2008 8:00 am
Secretary of State

04-01-2008 90008 022 ****61.25

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|---|---|--|--|---|---|--|
| DOCUMENT # 716378 | | | | | | |
| 1. Entity Name SANTA FE COMMUNITY COLLEGE ENDOWMENT CORPORATION, INC. | | | | | | |
| Principal Place of Business 3000 NW 83RD ST ROOM F-207 GAINESVILLE, FL 32606 US | | | Mailing Address 3000 NW 83RD ST ROOM F-207 GAINESVILLE, FL 32606 US | | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | |
| City & State | | City & State | | | | |
| Zip | Country | Zip | Country | 4. FEI Number 51-0240884 | | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | | |
| 6. Name and Address of Current Registered Agent CLEMONS, CHARLES W SR. 3000 NW 83RD ST, F-207 GAINESVILLE, FL 32606 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City | | | |
| FL | | | Zip Code | | | |
| 8. 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. I am familiar with, and accept the obligations of registered agent. | | | | | | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | | |
| Make check payable to Florida Department of State | | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | | |
| TITLE VP | NAME WEINGART, BRECK A | | <input checked="" type="checkbox"/> Delete | TITLE VP | NAME Nazworth, Bryan K. | |
| STREET ADDRESS 8200 NW 15TH ST | CITY-ST-ZIP GAINESVILLE, FL 32606 | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | STREET ADDRESS 6312 NW 18th Drive | CITY-ST-ZIP Gainesville, FL 32653 | |
| TITLE TD | NAME CLEMONS, CHARLES W SR. | | <input type="checkbox"/> Delete | TITLE | NAME | |
| STREET ADDRESS 3000 NW 83RD ST | CITY-ST-ZIP GAINESVILLE, FL 32606 | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | STREET ADDRESS | CITY-ST-ZIP | |
| TITLE SD | NAME SASSER, JACKSON N | | <input type="checkbox"/> Delete | TITLE | NAME | |
| STREET ADDRESS 271 SW 129TH TERR | CITY-ST-ZIP NEWBERRY, FL 32669 | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | STREET ADDRESS | CITY-ST-ZIP | |
| TITLE PP | NAME BRILL, ERIC J | | <input type="checkbox"/> Delete | TITLE | NAME | |
| STREET ADDRESS 4500 NEWBERRY RD | CITY-ST-ZIP GAINESVILLE, FL 32606 | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | STREET ADDRESS | CITY-ST-ZIP | |
| TITLE P | NAME O'STEEN, DEXTER A | | <input type="checkbox"/> Delete | TITLE | NAME | |
| STREET ADDRESS 1006 SE 4TH ST | CITY-ST-ZIP GAINESVILLE, FL 32601 | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | STREET ADDRESS | CITY-ST-ZIP | |
| TITLE | NAME | | <input type="checkbox"/> Delete | TITLE | NAME | |
| STREET ADDRESS | CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | STREET ADDRESS | CITY-ST-ZIP | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | | |
| SIGNATURE: <u>Charles W. Clemons Jr.</u> | | | | 033108 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | Date | | |
| 352-395-5206 | | | | Daytime Phone # | | |