FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
1995 JUL 20 AM 10:18
TALLAHASSEE, FLORIDA

DOCUMENT # 716665 (5)

1. Corporation Name
THE LAKE CITY COMMUNITY COLLEGE FOUNDATION, INC

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
RT. 3, BOX 7 LAKE CITY FL 32055	RT. 3, BOX 7 LAKE CITY FL 32055

3. Date Incorporated or Qualified: 06/04/1969
3a. Date of Last Report: 02/07/1994
4. FEI Number: 59-1627997 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21: Rt 19 Box 1030	2a. Mailing Address 26: Rt 19 Box 1030
Suite, Apt. #, etc. 22:	Suite, Apt. #, etc. 27:
City & State 23: Lake City, FL	City & State 28: Lake City, FL
Zip 24: 32025 Country 25: USA	Zip 29: 32025 Country 30: USA

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status XX — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes XX No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HEIMER, MURIEL KAY BURNETTE ROAD LAKE CITY FL 32055	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 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: Muriel Kay Heimer — 5/15/95
Signature, Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V	11 TITLE		☐ Change ☐ Addition
NAME	POTTLE, BETSY	12 NAME		
STREET ADDRESS	RAUNDAL RD	13 STREET ADDRESS		
CITY-ST-ZIP	LAKE CITY FL	14 CITY-ST-ZIP		
TITLE	TD	21 TITLE		☐ Change ☐ Addition
NAME	SCAFF, ANNE	22 NAME		
STREET ADDRESS	2200 E DUVAL ST	23 STREET ADDRESS		
CITY-ST-ZIP	LAKE CITY FL	24 CITY-ST-ZIP		
TITLE	PD	31 TITLE	CD	☒ Change ☐ Addition
NAME	FEAGLE, MARLIN	32 NAME	Ray Kirkland	
STREET ADDRESS	EAST MADISON ST.	33 STREET ADDRESS	E. St. Johns St.	
CITY-ST-ZIP	LAKE CITY FL	34 CITY-ST-ZIP	Lake City, FL	
TITLE	SD	41 TITLE		☐ Change ☐ Addition
NAME	HEIMER, MURIEL KAY	42 NAME		
STREET ADDRESS	BURNETTE ROAD	43 STREET ADDRESS		
CITY-ST-ZIP	LAKE CITY FL	44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

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: Muriel Kay Heimer — 5/15/95 — 904-252-1822
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0022140