

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 718544

FILED
Jan 04, 2008
Secretary of State

Entity Name: ST. JOHNS RIVER COMMUNITY COLLEGE FOUNDATION, INC.

Current Principal Place of Business:

5001 ST JOHNS AVE
PALATKA, FL 32177

New Principal Place of Business:

Current Mailing Address:

5001 ST JOHNS AVE
PALATKA, FL 32177

New Mailing Address:

FEI Number: 23-7336585

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCLENDON, R. L. MR.
121 SUNSET PT RD
EAST PALATKA, FL 32131 US

Name and Address of New Registered Agent:

DEPUTY, MEGHAN E MS.
5001 ST. JOHNS AVENUE
PALATKA, FL 32177 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: MEGHAN E. DEPUTY

01/04/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BECK, CARL C
Address: RT. 5 BOX 1836
City-St-Zip: PALATKA, FL 32177

Title: VD () Delete
Name: MILLER, MELISSA C.,
Address: 5001 ST. JOHNS AVE.
City-St-Zip: PALATKA, FL

Title: ST () Delete
Name: TINGLE, CAROLINE
Address: 5001 ST. JOHNS AVE
City-St-Zip: PALATKA, FL 32177

Title: D () Delete
Name: MCLENDON, R. L. JR
Address: 5001 ST. JOHNS AVE
City-St-Zip: PALATKA, FL 32177

Title: MD () Delete
Name: DEPUTY, MEGHAN
Address: 5001 ST JOHNS AVE
City-St-Zip: PALATKA, FL 32177

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MCCLAIN, WAYNE MR.
Address: 350 NORTH STATE ROAD 19
City-St-Zip: PALATKA, FL 32177

Title: VP (X) Change () Addition
Name: MILLER, MELISSA C MS.
Address: 5001 ST. JOHNS AVE.
City-St-Zip: PALATKA, FL 32177

Title: ST (X) Change () Addition
Name: TINGLE, CAROLINE D MS.
Address: 5001 ST. JOHNS AVE
City-St-Zip: PALATKA, FL 32177

Title: D (X) Change () Addition
Name: MCLENDON, ROBERT L DR.
Address: 5001 ST. JOHNS AVE
City-St-Zip: PALATKA, FL 32177

Title: ED (X) Change () Addition
Name: DEPUTY, MEGHAN E MS.
Address: 5001 ST JOHNS AVE
City-St-Zip: PALATKA, FL 32177

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: MEGHAN E. DEPUTY

ED

01/04/2008

Electronic Signature of Signing Officer or Director

Date