

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 732240

(7)

1. Corporation Name

FLORIDA COMMUNITY COLLEGE ACTIVITIES ASSOCIATION
INCORPORATED

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -5 PM 12:16

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
816 S. MARTIN LUTHER KING BLVD.
TALLAHASSEE FL 32301 816 S. MARTIN LUTHER KING BLVD.
TALLAHASSEE FL 32301

3. Date Incorporated or Qualified 03/24/1975 3a. Date of Last Report 01/28/1994
4. FEI Number 59-6193023 Applied For Not Applicable

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

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 ☒ \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
SMITH, CHARLES F
816 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)
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 _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	KING, MAXWELL C	1.2 NAME	
STREET ADDRESS	1519 CLEARLAKE RD	1.3 STREET ADDRESS	
CITY - ST - ZIP	COCOA, FL 00000	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	☒ Change ☐ Addition
NAME	KANDZER, JERRY W.	2.2 NAME	M ^{rs} SPADEN, ROBERT L.
STREET ADDRESS	COLLEGE ST	2.3 STREET ADDRESS	5220 W. HWY 98
CITY - ST - ZIP	MARIANNA, FL 00000	2.4 CITY - ST - ZIP	PANAMA CITY, FL 32401
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	HOLCOMBE, WILLIS N.	3.2 NAME	
STREET ADDRESS	225 E LAS OALS BLVD	3.3 STREET ADDRESS	
CITY - ST - ZIP	FT LAUD, FL 00000	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	DAY, PHILIP	4.2 NAME	
STREET ADDRESS	WELCH BOULEVARD	4.3 STREET ADDRESS	
CITY - ST - ZIP	DAYTONA BCH. FL	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	WALKER, KENNETH P.	5.2 NAME	
STREET ADDRESS	8099 COLLEGE PKWY	5.3 STREET ADDRESS	
CITY - ST - ZIP	FT. MYERS FL	5.4 CITY - ST - ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	CAMPION, WILLIAM J.	6.2 NAME	
STREET ADDRESS	SW COLLEGE RD S	6.3 STREET ADDRESS	
CITY - ST - ZIP	OCALA, FL 00000	6.4 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 110.07(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *William J. Campion*
WILLIAM J. CAMPION

1-2695 904-237-2111