

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732240

FILED
Jan 09, 2004
Secretary of State

Entity Name: FLORIDA COMMUNITY COLLEGE ACTIVITIES ASSOCIATION INCORPORATED

Current Principal Place of Business:

816 S. MARTIN LUTHER KING BLVD.
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

816 S. MARTIN LUTHER KING BLVD.
TALLAHASSEE, FL 32301

New Mailing Address:

FEI Number: 59-6193023

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, CHARLES F
816 S. MARTIN LUTHER KING BLVD.
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HALL, CHARLES
Address: RT. 19 BOX 1030
City-St-Zip: LAKE CITY, FL 32025

Title: D () Delete
Name: LAW, WILLIAM
Address: 444 APPEYARD DR.
City-St-Zip: TALLAHASSEE, FL 32304

Title: D () Delete
Name: HOLCOMBE, WILLIS N.,
Address: 225 E LAS OALS BLVD
City-St-Zip: FT LAUD, FL 00000,

Title: D () Delete
Name: MCGEE, ANN
Address: 100 WELDON WAY
City-St-Zip: SANFORD, FL 32773

Title: D () Delete
Name: WALKER, KENNETH P.
Address: 8099 COLLEGE PKWY
City-St-Zip: FT. MYERS, FL

Title: D () Delete
Name: GALLON, DENNIS
Address: 4200 CONGRESS AVE.
City-St-Zip: LAKE WORTH, FL 33461

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: STEEN, MORRIS
Address: 1000 TURNER DAVIS DRIVE
City-St-Zip: MADISON, FL 32340

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: PROUGH, GENE
Address: 3094 INDIAN CIRCLE
City-St-Zip: MARIANNA, FL 32446

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: WILLIAM LAW

D

01/09/2004

Electronic Signature of Signing Officer or Director

Date