

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732240

FILED  
Jan 04, 2005  
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: STEEN, MORRIS  
Address: 1000 TURNER DAVIS DRIVE  
City-St-Zip: MADISON, FL 32340

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

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: HALL, CHARLES  
Address: 149 SOUTHEAST VOCATIONAL PLACE  
City-St-Zip: LAKE CITY, FL 32025

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

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

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

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

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

DR

01/04/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date