

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90228 048 ****61.25

DOCUMENT # 732240

1. Entity Name

**FLORIDA COMMUNITY COLLEGE ACTIVITIES ASSOCIATION
INCORPORATED**



Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-6193023**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **CHARLES F. SMITH**

Charles F. Smith

Jan. 8, 2003

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Delete
NAME **MCSPADDEN, ROBERT L**
STREET ADDRESS **5230 W HWY 98**
CITY-ST-ZIP **PANAMA CITY FL**

TITLE **D** ☒ Change ☐ Addition
NAME **CHARLES HALL**
STREET ADDRESS **RT. 19 Box 1030**
CITY-ST-ZIP **LAKE CITY, FLORIDA 32025**

TITLE **D** ☒ Delete
NAME **O'DANIEL, DALE**
STREET ADDRESS **3094 INDIAN CIRCLE**
CITY-ST-ZIP **MARIANNA FL 32446**

TITLE **D** ☒ Change ☐ Addition
NAME **WILLIAM LAW**
STREET ADDRESS **444 APPEYARD DRIVE**
CITY-ST-ZIP **TALLAHASSEE, FLORIDA 32304**

TITLE **D** ☐ Delete
NAME **HOLCOMBE, WILLIS N.**
STREET ADDRESS **225 E LAS OALS BLVD**
CITY-ST-ZIP **FT LAUD, FL 00000**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **MC GEE, ANN**
STREET ADDRESS **100 WELDON WAY**
CITY-ST-ZIP **SANFORD FL 32773**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **WALKER, KENNETH P.**
STREET ADDRESS **8099 COLLEGE PKWY**
CITY-ST-ZIP **FT. MYERS FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **CORNELIUS, CATHERINE**
STREET ADDRESS **600 WEST COLLEGE DR**
CITY-ST-ZIP **AVON PARK FL**

TITLE **D** ☒ Change ☐ Addition
NAME **DENNIS GALLON**
STREET ADDRESS **4200 CONGRESS AVE**
CITY-ST-ZIP **LAKE WORTH, FLORIDA 33461**

12. I hereby certify that the information supplied with this filing does not qualify 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature Required

WILLIAM W. LAW JR

1/10/03

850-201-8660

CR2E037 (10/02)