

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2005 8:00 am
Secretary of State

01-14-2005 90020 021 ****70.00

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01102005 Chg-NP CR2E037 (10/03)

DOCUMENT # N01482 1. Entity Name FLORIDA ASSOCIATION OF COLLEGES AND UNIVERSITIES, INC.																																					
Principal Place of Business 33013 DAMON COURT LEESBURG, FL 34788 US			Mailing Address 33013 DAMON COURT LEESBURG, FL 34788 US																																		
2. Principal Place of Business		3. Mailing Address																																			
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																			
City & State		City & State																																			
Zip		Country		Zip																																	
4. FEI Number 23-7034706				Applied For <input type="checkbox"/> Not Applicable																																	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required																																	
6. Name and Address of Current Registered Agent WESTRICK, ROBERT W 33013 DAMON COURT LEESBURG, FL 34788			7. Name and Address of New Registered Agent 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: <u><i>Robert W. Westrick</i></u> 1/12/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																																	
Make check payable to Florida Department of State																																					
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 15%;">D</td> <td style="width: 15%; text-align: right;"><input checked="" type="checkbox"/> Delete</td> <td style="width: 55%;"></td> </tr> <tr> <td>NAME</td> <td>MERWIN, WILLIAM</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>10501 FGCU BLVD.S</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>FORT MYERS, FL 339658565</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 45%;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 15%;">D</td> <td style="width: 15%; text-align: right;"><input type="checkbox"/> Delete</td> <td style="width: 55%;"></td> </tr> <tr> <td>NAME</td> <td>FERRERO, RAY JR</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3301 COLLEGE AVE.</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>FORT LAUDERDALE, FL 33314</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	D	<input checked="" type="checkbox"/> Delete		NAME	MERWIN, WILLIAM			STREET ADDRESS	10501 FGCU BLVD.S			CITY-ST-ZIP	FORT MYERS, FL 339658565			TITLE	D	<input type="checkbox"/> Delete		NAME	FERRERO, RAY JR			STREET ADDRESS	3301 COLLEGE AVE.			CITY-ST-ZIP	FORT LAUDERDALE, FL 33314		
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SIGNATURE: *Robert W. Westrick* 1/12/05 352-365-0033
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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.