FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -6 PM 12:19

DOCUMENT # N03622 (0)

1. Corporation Name
SOUTH FLORIDA COMMUNITY COLLEGE FOUNDATION, INC.

Principal Place of Business	Mailing Address
23 E MAIN ST AVON PARK FL 33825 US	23 E MAIN ST AVON PARK FL 33825 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/13/1984
3a. Date of Last Report: 02/11/1994
4. FEI Number: 59-3050497 ☐ Applied For ☐ Not Applicable
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

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

9. Name and Address of Current Registered Agent

RIDER, MICHAEL A., ATTY
13 N OAK ST.
LAKE PLACID FL 33852

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	S	1.1 TITLE		☐ Change ☒ Addition
NAME	HOLLINGSWORTH, JAN (MRS.)	1.2 NAME		
STREET ADDRESS	RT 1 BOX 160-H N/A	1.3 STREET ADDRESS		
CITY-ST-ZIP	ARCADIA FL	1.4 CITY-ST-ZIP		33821
TITLE	D	2.1 TITLE		☐ Change ☒ Addition
NAME	WARD, MARY E	2.2 NAME	WARD, MARY ELLEN	
STREET ADDRESS	2027 LAKE LOTELA DR	2.3 STREET ADDRESS		
CITY-ST-ZIP	AVON PARK FL	2.4 CITY-ST-ZIP		33825
TITLE	VP	3.1 TITLE		☐ Change ☒ Addition
NAME	CHEN, TONY (DR.)	3.2 NAME		
STREET ADDRESS	P O BOX 1157 N/A	3.3 STREET ADDRESS		
CITY-ST-ZIP	AVON PARK FL	3.4 CITY-ST-ZIP		33825
TITLE	T	4.1 TITLE		☐ Change ☒ Addition
NAME	ADAMS, JOYCE A	4.2 NAME		
STREET ADDRESS	1181 E LAKE LOTELLA DR	4.3 STREET ADDRESS		
CITY-ST-ZIP	AVON PARK FL	4.4 CITY-ST-ZIP		33825
TITLE	P	5.1 TITLE		☐ Change ☒ Addition
NAME	DAVIS, JOE L SR. (MR	5.2 NAME		
STREET ADDRESS	2306 US 27 S	5.3 STREET ADDRESS		
CITY-ST-ZIP	AVON PARK FL	5.4 CITY-ST-ZIP		33825
TITLE	D	6.1 TITLE		☐ Change ☒ Addition
NAME	STIDHAM, DOROTHY C	6.2 NAME		
STREET ADDRESS	P O BOX 374 N/A	6.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE PLACID FL	6.4 CITY-ST-ZIP		33852

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 119.07(3)(i), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Joyce A. Adams Joyce A. Adams 1/24/95 813-453-0002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0018038