FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

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

3. Date Incorporated or Qualified: 06/13/1984
3a. Date of Last Report: 02/06/1995

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip / Country
24 / 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip / Country
29 / 30

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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 Section 617.0502 and 617.1508 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 617.0503, Florida Statutes.

SIGNATURE (Required) (New Registered Agent Signature, if required) DATE

12 OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	S ☐ DELETE	11 TITLE	VP	☒ Change ☒ Addition
NAME	HOLLINGSWORTH, JAN (MRS.)	12 NAME		
STREET ADDRESS	RT 1 BOX 160-H N/A	13 STREET ADDRESS		
CITY-ST-ZIP	ARCADIA FL	14 CITY-ST-ZIP		33821
TITLE	D ☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	WARD, MARY ELLEN	22 NAME		
STREET ADDRESS	2027 LAKE LOTELA DR	23 STREET ADDRESS		
CITY-ST-ZIP	AVON PARK FL	24 CITY-ST-ZIP		33825
TITLE	VP ☐ DELETE	31 TITLE	P	☒ Change ☒ Addition
NAME	CHEN, TONY (DR.)	32 NAME		
STREET ADDRESS	P O BOX 1157 N/A	33 STREET ADDRESS		
CITY-ST-ZIP	AVON PARK FL	34 CITY-ST-ZIP		33825
TITLE	T ☐ DELETE	41 TITLE		☐ Change ☒ Addition
NAME	ADAMS, JOYCE A	42 NAME		
STREET ADDRESS	1181 E LAKE LOTELLA DR	43 STREET ADDRESS		
CITY-ST-ZIP	AVON PARK FL	44 CITY-ST-ZIP		33825
TITLE	P ☐ DELETE	51 TITLE	D	☒ Change ☒ Addition
NAME	DAVIS, JOE L SR. (MR	52 NAME		
STREET ADDRESS	2306 US 27 S	53 STREET ADDRESS		
CITY-ST-ZIP	AVON PARK FL	54 CITY-ST-ZIP		33825
TITLE	D ☐ DELETE	61 TITLE	S	☒ Change ☐ Addition
NAME	STIDHAM, DOROTHY C	62 NAME	SACCO, JOEY B.	
STREET ADDRESS	P O BOX 374 N/A	63 STREET ADDRESS	4718 Santa Barbara Dr.	
CITY-ST-ZIP	LAKE PLACID FL	64 CITY-ST-ZIP	Sebring FL	33872

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is, to the best of my knowledge, true and accurate. 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Joyce A. Adams 1/17/96 941-453-0002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #