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Feb 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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 33825-3942 US

3. Date Incorporated or Qualified: 06/13/1984
3a. Date of Last Report: 01/26/1996

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) / (27)
City & State (23) / (28)
Zip (24) / Country (25) / Zip (29) / Country (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 Sections 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 _____ 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	VP	☒ DELETE	1.1 TITLE	VP	☐ Change ☒ Addition
NAME	HOLLINGSWORTH, JAN (MRS.)		1.2 NAME	LANGFORD, J. DAVID (JUDGE)	
STREET ADDRESS	RT 1 BOX 160-H N/A		1.3 STREET ADDRESS	430 So. Commerce Avenue	
CITY-ST-ZIP	ARCADIA FL		1.4 CITY-ST-ZIP	Sebring FL 33870	
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☒ Addition
NAME	WARD, MARY ELLEN		2.2 NAME		
STREET ADDRESS	2027 LAKE LOTELA DR		2.3 STREET ADDRESS	2027 Lake Lotela Dr.	
CITY-ST-ZIP	AVON PARK FL		2.4 CITY-ST-ZIP	Avon Park, FL 33825	
TITLE	P	☐ DELETE	3.1 TITLE		☐ Change ☒ Addition
NAME	CHEN, TONY (DR.)		3.2 NAME		
STREET ADDRESS	P O BOX 1157 N/A		3.3 STREET ADDRESS	P.O. Box 1157 N/A	
CITY-ST-ZIP	AVON PARK FL		3.4 CITY-ST-ZIP	Avon Park, FL 33826	
TITLE	T	☐ DELETE	4.1 TITLE		☐ Change ☒ Addition
NAME	ADAMS, JOYCE A		4.2 NAME		
STREET ADDRESS	1181 E LAKE LOTELLA DR		4.3 STREET ADDRESS	1181 E. Lake Lotela Dr.	
CITY-ST-ZIP	AVON PARK FL		4.4 CITY-ST-ZIP	Avon Park, FL 33825	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☒ Addition
NAME	DAVIS, JOE L SR. (MR		5.2 NAME		
STREET ADDRESS	2306 US 27 S		5.3 STREET ADDRESS	P O Box 1149 N/A	
CITY-ST-ZIP	AVON PARK FL		5.4 CITY-ST-ZIP	Wauchula FL 33873	
TITLE	S	☐ DELETE	6.1 TITLE		☐ Change ☒ Addition
NAME	SACCO, JOEY B.		6.2 NAME		
STREET ADDRESS	4718 SANTA BARBARA DRIVE		6.3 STREET ADDRESS	4718 Santa Barbara Drive	
CITY-ST-ZIP	SEBRING FL		6.4 CITY-ST-ZIP	Sebring, FL 33872	

CR2E037 (9/96)

14. I do 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 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: [signature] SIGNATURE REQUIRED Tony Y.T.Chen, MD 1/2/97 941-453-7551
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #