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FILED
Mar 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N03622** (0)
1. Corporation Name
SOUTH FLORIDA COMMUNITY COLLEGE FOUNDATION, INC.



Principal Place of Business 23 E MAIN ST AVON PARK FL 33825 US	Mailing Address 23 E MAIN ST AVON PARK FL 33825 US
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3. Date Incorporated or Qualified 06/13/1984	Applied For ☐	Not Applicable ☐
4. FEI Number 59-3050497		

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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 85 Zip Code FL
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LANFORD, J. DAVID 430 SO. COMMERCE AVENUE SEBRING FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	VP Adams, Joyce A. 1181 E. Lake Lotela Dr. Avon Park, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARD, MARY ELLEN 2027 LAKE LOTELA DR AVON PARK FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHEN, TONY (DR.) P.O BOX 1157 N/A AVON PARK FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	P Sacco, Joey B. 4718 Santa Barbara Dr. Sebring, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ADAMS, JOYCE A 1181 E LAKE LOTELA DR. AVON PARK FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	T Jarrett, William R. P.O. Box 1683 Avon Park, FL N/A
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, JOE L SR. (MR) P.O BOX 1149 N/A WAUCHULA FL	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SACCO, JOEY B. 4718 SANTA BARBARA DRIVE SEBRING FL	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	S Nelson, Noreen 2991 Tivoli Rd. Avon Park, FL

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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]* REQUIRED

1/13/98

CR2E037 (1097)