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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

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334015 - 90003 - 49

DOCUMENT # N03622

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

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 13 E. Main St.	26 13 E. Main St.	06/13/1984
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number: 59-3050497 ☐ Applied For ☐ Not Applicable
City & State 23 Avon Park, FL	City & State 28 Avon Park, FL	5. Certifcate of Status Desired ☐ $8.75 Additional Fee Required
Zip / Country 24 -33825- 25 -USA-	Zip / Country 29 -33825- 30 -USA-	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
RIDER, MICHAEL A., ATTY 13 N OAK ST. LAKE PLACID FL 33852	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	☐ Change ☐ Addition
NAME	ADAMS, JOYCE A		1.2 NAME	
STREET ADDRESS	1181 E LAKE LOTELA DR		1.3 STREET ADDRESS	
CITY-ST-ZIP	AVON PARK FL		1.4 CITY-ST-ZIP	
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	
CITY-ST-ZIP	AVON PARK FL		2.4 CITY-ST-ZIP	
TITLE	P	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	SACCO, JOEY B		3.2 NAME	
STREET ADDRESS	4718 SANTA BARBARA DR		3.3 STREET ADDRESS	
CITY-ST-ZIP	SEBRING FL		3.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	JARRETT, WILLIAM R		4.2 NAME	
STREET ADDRESS	P.O. BOX 1683		4.3 STREET ADDRESS	
CITY-ST-ZIP	AVON PARK FL		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	DAVIS, JOE L SR. (MR		5.2 NAME	
STREET ADDRESS	P.O BOX 1149 N/A		5.3 STREET ADDRESS	
CITY-ST-ZIP	WAUCHULA FL		5.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	NELSON, NOREEN		6.2 NAME	
STREET ADDRESS	2991 TIVOLI RD		6.3 STREET ADDRESS	
CITY-ST-ZIP	AVON PARK FL		6.4 CITY-ST-ZIP	

CR2E037 (11/98)

14. 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 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, with all other like empowered.

SIGNATURE: _____ 1-6-99 941 453-3133
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

DONALD APPELQUIST, EXECUTIVE DIRECTOR

Joyce Adams, vice president 4/3/99