2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2005
Secretary of State

DOCUMENT# N03622

Entity Name: SOUTH FLORIDA COMMUNITY COLLEGE FOUNDATION, INC.

Current Principal Place of Business:

13 E MAIN ST
AVON PARK, FL 33825 US

New Principal Place of Business:

Current Mailing Address:

13 E MAIN ST
AVON PARK, FL 33825 US

New Mailing Address:

FEI Number: 59-3050497 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JACKSON, ANDREW B ATTY
150 N. COMMERCE AVE
SEBRING, FL 33870 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	CULLENS, TAMELA C	
Address:	P.O. BOX 341	
City-St-Zip:	SEBRING, FL 33871	
Title:	VP	( ) Delete
Name:	WILLEY, DAVID E DR.	
Address:	1735 S.W. LAKEVIEW DRIVE	
City-St-Zip:	SEBRING, FL 33870	
Title:	S	( ) Delete
Name:	HARTT, JOAN	
Address:	P.O. BOX 1556	
City-St-Zip:	AVON PARK, FL 33826	
Title:	T	( ) Delete
Name:	HACKNEY, WILLIAM	
Address:	504 EAST OAK STREET	
City-St-Zip:	ARCADIA, FL 34266	
Title:	D	( ) Delete
Name:	ADAMS, JOYCE A	
Address:	1181 E LAKE LOTELA DR	
City-St-Zip:	AVON PARK, FL 33825	
Title:	D	( ) Delete
Name:	SACCO, JOEY B	
Address:	305 US 27 NORTH	
City-St-Zip:	SEBRING, FL 33872	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOYCE A. ADAMS D 01/07/2005
Electronic Signature of Signing Officer or Director — Date