

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03622

FILED
Jan 18, 2006
Secretary of State

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: ALCADIA, 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: P (X) Change () Addition
Name: WILLEY, DAVID E DDS
Address: 4741 LAKEVIEW DRIVE
City-St-Zip: SEBRING, FL 33870

Title: VP (X) Change () Addition
Name: SHOOP, JOHN
Address: 1927 N.W. LAKEVIEW DRIVE
City-St-Zip: SEBRING, FL 33870

Title: S (X) Change () Addition
Name: PUCKORIUS, LANA
Address: 16 N. LAKE AVENUE
City-St-Zip: AVON PARK, FL 33825

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

Title: D (X) Change () Addition
Name: ADAMS, JOYCE A
Address: 1181 LAKE LOTELA DRIVE
City-St-Zip: AVON PARK, FL 33825

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 Chapter 119, 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

01/18/2006

Electronic Signature of Signing Officer or Director

Date