

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 08, 2007**  
**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: WILLEY, DAVID E DDS  
Address: 4741 LAKEVIEW DRIVE  
City-St-Zip: SEBRING, FL 33870

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

Title: S ( ) Delete  
Name: PUCKORIOUS, LANA  
Address: 16 N. LAKE AVENUE  
City-St-Zip: AVON PARK, FL 33825

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 LAKE LOTELA DRIVE  
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: VP (X) Change ( ) Addition  
Name: SHOOP, JOHN  
Address: 2600 U.S. HIGHWAY 27 NORTH  
City-St-Zip: SEBRING, FL 33870

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 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

01/08/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date