

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90014 008 ****61.25

DOCUMENT # N04000002408

1. Entity Name
THE FLORIDA INDEPENDENT COLLEGE ALLIANCE, INC.



Principal Place of Business
**6551 CENTRAL AVE
ST PETERSBURG, FL 33710**

Mailing Address
**6551 CENTRAL AVE
ST PETERSBURG, FL 33710**



03082006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
35-2228474

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**RHOADS, SHARON
6551 CENTRAL AVE
ST PETERSBURG, FL 33710**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Sharon C Rhoads

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/8/06

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BARNETT, JERRY
6551 CENTRAL AVE
ST PETERSBURG, FL 33710**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BRADLEY, ROGER
6551 CENTRAL AVE
ST PETERSBURG, FL 33710**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
FIKE, CM
6551 CENTRAL AVE
ST PETERSBURG, FL 33710**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
JONES, DON
6551 CENTRAL AVE
ST PETERSBURG, FL 33710**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
PATCH, JIM
6551 CENTRAL AVE
ST PETERSBURG, FL 33710**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
PALESH, MARK
6551 CENTRAL AVE
ST PETERSBURG, FL 33710**

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Sharon Rhoads

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/06

DATE

727-381-6551

Daytime Phone #