

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995. AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$395)

NONPROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED

1995 AUG -3 AM 9:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000001305 (2)

1. Corporation Name

FLORIDA ASSOCIATION OF COMMUNITY CORRECTIONS, FOUNDATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business: 3723 VISION BLVD. 2ND FLOOR ORLANDO FL 32839
Mailing Address: P.O. BOX 4970 ORLANDO FL 32802-4970

3. Date Incorporated or Qualified: 03/18/1993
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3181421
Applied For: Not Applicable:

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country
2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Eligible Tax Exempt Status: FILING FEE IS \$61.25
8. This corporation has liability for intangible tax under s. 193.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MILLS, BARBARA
3723 VISION BLVD.
2ND FLOOR
ORLANDO FL 32839

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME MILLS, BARBARA
STREET ADDRESS 3723 VISION BLVD.
CITY - ST - ZIP ORLANDO FL 32839
TITLE P
NAME MCDANIEL, LARRY
STREET ADDRESS 28E UNIVERSITY AVE.
CITY - ST - ZIP GAINESVILLE FL 32601
TITLE S
NAME GREEN, SHARON
STREET ADDRESS 28 E UNIVERSITY AVE.
CITY - ST - ZIP GAINESVILLE FL 32601
TITLE T
NAME SCALA, BARBARA J
STREET ADDRESS 1879 CASSELWOOD ST.
CITY - ST - ZIP WINTER PARK FL 32792
TITLE D
NAME WATERS, DAVID
STREET ADDRESS 310 LAKE ELLEN LANE
CITY - ST - ZIP TAMPA FL 33618
TITLE D
NAME EARP, CINDY
STREET ADDRESS 1203 PAWNEE TERR.
CITY - ST - ZIP INDIAN HARBOUR BEACH FL 32837

1.1 TITLE P Change Addition
1.2 NAME MCDANIEL, LARRY
1.3 STREET ADDRESS 26E UNIVERSITY AVE.
1.4 CITY - ST - ZIP GAINESVILLE FL 32601
2.1 TITLE P Change Addition
2.2 NAME PITTMAN, DON
2.3 STREET ADDRESS 3723 VISION BLVD
2.4 CITY - ST - ZIP ORLANDO, FL 32839
3.1 TITLE S Change Addition
3.2 NAME EARP, CINDY
3.3 STREET ADDRESS 1203 PAWNEE TERR.
3.4 CITY - ST - ZIP INDIAN HARBOUR BEACH, FL 32837
4.1 TITLE T Change Addition
4.2 NAME GREEN, SHARON
4.3 STREET ADDRESS 26 E UNIVERSITY AVE
4.4 CITY - ST - ZIP GAINESVILLE, FL 32601
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
6.1 TITLE D Change Addition
6.2 NAME SCALA, BARBARA J.
6.3 STREET ADDRESS 1879 CASSELWOOD ST.
6.4 CITY - ST - ZIP WINTER PARK, FL 32792

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.

SIGNATURE *Barbara Mills* Director 7/29/95 (407) 836-3568
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (City, State)

CR2E037 (3/95)

N93-1305

D
FOXWORTH, THERESA
201 N. OKLAHOMA STREET
BONIFAY, FLORIDA 32425

D
CIOFFI, PEGGY
907 JOHNSON AVENUE
STUART, FLORIDA 34995

D
MCCABE, PATRICK
1462 4th STREET
SARASOTA, FLORIDA 34236

D
HATEM, JOE
400 W. ROBINSON ST., HURSTON BLDG.
NORTH TOWER, SUITE N909
ORLANDO, FL 32801

D
BOYLES, CINDY
P.O. BOX 4970
ORLANDO, FL 32802

D
RANKIN, LINDA
P.O. BOX 5399
OCALA, FL 34478

D
DAWSON, STEVE
301 S. MONROE STREET
TALLAHASSEE, FL 32301

D
MILLS, BARBARA
P.O. BOX 4970
ORLANDO, FL 32802