

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N93000001305 (2)

1. Corporation Name

FLORIDA ASSOCIATION OF COMMUNITY CORRECTIONS, FOUNDATION, INC.

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  
08/03/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number  
59-3181421

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
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  
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 reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	P/D
NAME	MCDANIEL, LARRY
STREET ADDRESS	26E UNIVERSITY AVE
CITY - ST - ZIP	GAINESVILLE FL
TITLE	President
NAME	PITTMAN, DON
STREET ADDRESS	3723 VISION BLVD
CITY - ST - ZIP	ORLANDO FL
TITLE	S
NAME	EARP, CINDY
STREET ADDRESS	1203 PAWNEE TERR
CITY - ST - ZIP	INDIAN HARBOUR FL
TITLE	T
NAME	GREEN, SHARON
STREET ADDRESS	26 E UNIVERSITY AVE
CITY - ST - ZIP	GAINESVILLE FL
TITLE	D
NAME	WATERS, DAVID
STREET ADDRESS	310 LAKE ELLEN LANE
CITY - ST - ZIP	TAMPA FL 33618
TITLE	D
NAME	SCALA, BARBARA J
STREET ADDRESS	1879 CASSELWOOD ST
CITY - ST - ZIP	WINTER PARK FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	Change Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	Change Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	Change Addition
3.2 NAME	Becky Bleymen
3.3 STREET ADDRESS	800 V. Virginia Ave.
3.4 CITY - ST - ZIP	St. Pierre, FL 34950 Secretary
4.1 TITLE	Change Addition
4.2 NAME	Leslie Pittman
4.3 STREET ADDRESS	P.O. Box 4970
4.4 CITY - ST - ZIP	Orlando, FL 32802 Treasurer
5.1 TITLE	Change Addition
5.2 NAME	Pat McCabe
5.3 STREET ADDRESS	1462 4th St.
5.4 CITY - ST - ZIP	Sarasota, FL 34236 D
6.1 TITLE	Change Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 119.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-1-97 407-836-3011

Date

Daytime Phone #