

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Jun 03 1998 8:00am
Secretary of State

DOCUMENT # N93000001305 (2)

1. Corporation Name

**FLORIDA ASSOCIATION OF COMMUNITY CORRECTIONS,
FOUNDATION, INC.**

Principal Place of Business

Mailing Address

**1462 4th Street
Sarasota, FL 34236**

3. Date Incorporated or Qualified

03/18/1993

4. FEI Number

59-318-1421

Applied For

Not Applicable

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

24

25

29

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**Patrick McCabe
1462 4th Street
Sarasota, FL 34236**

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 (b)(2) 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, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME Pittman, Don
STREET ADDRESS 3723 Vision Blvd.
CITY-ST-ZIP Orlando, FL 32839-8600 ☒ DELETE

1.1 TITLE Vice-President ☐ Change ☒ Addition
1.2 NAME David McGriff
1.3 STREET ADDRESS 1515 NW 7th Street, Suite 112
1.4 CITY-ST-ZIP Miami, FL 33125

TITLE SD
NAME Blegman, Becky (Bleyman)
STREET ADDRESS 800 Virginia Ave.
CITY-ST-ZIP Ft. Pierce, FL 34950 ☒ DELETE

2.1 TITLE Becky Bleyman ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE DT
NAME Pittman, Leslie
STREET ADDRESS 3723 Vision Blvd.
CITY-ST-ZIP Orlando, FL 32839-8600 ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D
NAME McCabe, Patrick
STREET ADDRESS 1462 4th Street
CITY-ST-ZIP Sarasota, FL 34236 ☒ DELETE

4.1 TITLE President ☒ Change ☐ Addition
4.2 NAME Patrick McCabe
4.3 STREET ADDRESS 1462 4th Street
4.4 CITY-ST-ZIP Sarasota, FL 34236

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Date

Daytime Phone #

CR2E037 (1097)