

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003659

FILED
Feb 16, 2009
Secretary of State

Entity Name: THE FOUNDATION FOR FLORIDA'S COMMUNITY COLLEGES, INC.

Current Principal Place of Business:

P.O. BOX 10503
TALLAHASSEE, FL 323020503

New Principal Place of Business:

325 WEST GAINES STREET
TALLAHASSEE, FL 32399

Current Mailing Address:

P.O. BOX 10503
TALLAHASSEE, FL 323020503

New Mailing Address:

FEI Number: 65-0530384 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

GREEN, JUDY
325 W. GAINES STREET
1314
TALLAHASSEE, FL 323990400 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: SD () Delete
Name: BELTON, C. RONALD
Address: P.O. BOX 923 N/A
City-St-Zip: JACKSONVILLE, FL 32201

Title: C () Delete
Name: HANNA, RANDY
Address: 101 N. MONROS ST., 900
City-St-Zip: TALLAHASSEE, FL 32301

Title: VC () Delete
Name: BELOHLAVEK, JOHN DR.
Address: 702 SOUTH FIELDUNG AVE
City-St-Zip: TAMPA, FL 33606

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VC (X) Change () Addition
Name: BELTON, C. RONALD
Address: P.O. BOX 923 N/A
City-St-Zip: JACKSONVILLE, FL 32201

Title: PC (X) Change () Addition
Name: HANNA, RANDY
Address: 101 N. MONROS ST., 900
City-St-Zip: TALLAHASSEE, FL 32301

Title: C (X) Change () Addition
Name: BELOHLAVEK, JOHN DR.
Address: 702 SOUTH FIELDUNG AVE
City-St-Zip: TAMPA, FL 33606

Title: PRES () Change (X) Addition
Name: GREEN, JUDY
Address: 325 WEST GAINES STREET
City-St-Zip: TALLAHASSEE, FL 32399

I hereby certify that the information supplied with this filing does not qualify 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: JUDY GREEN

PRES

02/16/2009

Electronic Signature of Signing Officer or Director

Date