

... DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N97000002154 (9)

1. Corporation Name

FLORIDA COMMUNITY COLLEGE SOFTWARE ASSOCIATION,
INC.

Principal Place of Business

Mailing Address

100 COLLEGE BLVD.
NICEVILLE FL 32578

100 COLLEGE BLVD.
NICEVILLE FL 32578

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

04/16/1997

4. FEI Number

☒ 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

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

10. Name and Address of New Registered Agent

SCHEMBERA, JEFF
100 COLLEGE BLVD.
NICEVILLE FL 32578

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 617.0603, 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 D ☐ DELETE

NAME FREEMAN, ROY
STREET ADDRESS 225 E LAS OLAS BLVD.
CITY-ST-ZIP FT LAUDERDALE FL 33301

TITLE D ☐ DELETE

NAME JONES, ROBERT
STREET ADDRESS 8099 COLLEGE PKWY. SW
CITY-ST-ZIP FT MEYRS FL 33907

TITLE D ☒ DELETE

NAME SPEARS, JACK
STREET ADDRESS 501 W STATE STREET
CITY-ST-ZIP JACKSONVILLE FL 32202

TITLE D ☒ DELETE

NAME HANNA, TOM
STREET ADDRESS 444 APPEYARD DRIVE
CITY-ST-ZIP TALLAHASSEE FL 32304

TITLE D ☒ DELETE

NAME SIGLER, KATHY
STREET ADDRESS 300 NE 2ND AVENUE
CITY-ST-ZIP MIAMI FL 33132

TITLE D ☐ DELETE

NAME SCHEMBERA, JEFF
STREET ADDRESS 100 COLLEGE BLVD.
CITY-ST-ZIP NICEVILLE FL 32578

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☒ Addition

1.2 NAME Steve Bowers
1.3 STREET ADDRESS 501 W. State Street
1.4 CITY-ST-ZIP Jacksonville, FL 32202

2.1 TITLE D ☐ Change ☒ Addition

2.2 NAME Carlotta Appleman
2.3 STREET ADDRESS 444 Appleyard Drive
2.4 CITY-ST-ZIP Tallahassee, FL 32304

3.1 TITLE D ☐ Change ☒ Addition

3.2 NAME Maggie Manrara
3.3 STREET ADDRESS 11011 SW 104th Street
3.4 CITY-ST-ZIP Miami, FL 33176

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME 100002719541
-12/22/98-01083-010
****236.25

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
B-12/15/98

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: Jeff Schembera

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/9/98

Date

850-729-5364

Daytime Phone #

FILED

98 DEC 14 AM 9:51

SECRETARY OF STATE
TALLAHASSEE



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