

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90034 040 ****61.25

DOCUMENT # N97000002154

1. Corporation Name

**FLORIDA COMMUNITY COLLEGE SOFTWARE ASSOCIATION,
INC.**

Principal Place of Business

100 COLLEGE BLVD.
NICEVILLE FL 32578

Mailing Address

100 COLLEGE BLVD.
NICEVILLE FL 32578



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

3. Date Incorporated or Qualified

04/16/1997

4. FEI Number

APPLIED FOR 59-3573009

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

9. Name and Address of Current Registered Agent

SCHEMBERA, JEFF
100 COLLEGE BLVD.
NICEVILLE FL 32578

10. Name and Address of New Registered Agent

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 reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D ☐ DELETE
FREEMAN, ROY
225 E LAS OLAS BLVD.
FT LAUDERDALE FL 33301

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D ☐ DELETE
JONES, ROBERT
8099 COLLEGE PKWY. SW
FT MEYRS FL 33907

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D ☐ DELETE
BOWERS, STEVE
501 W STATE STREET
JACKSONVILLE FL 32202

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D ☐ DELETE
APPLEMAN, CARLOTTA
444 APPELYARD DRIVE
TALLAHASSEE FL 32304

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D ☐ DELETE
MANRARA, MAGGIE
11011 SW 104TH STREET
MIAMI FL 33176

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D ☐ DELETE
SCHEMBERA, JEFF
100 COLLEGE BLVD.
NICEVILLE FL 32578

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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, with an other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

850/729-5364

CR2E037 (11/98)