


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90158 001 ****70.00

DOCUMENT # N98000001748 1. Entity Name FLORIDA CORRECTIONS ACCREDITATION COMMISSION, INC.					
Principal Place of Business 7642 PLATHE RD NEW PORT RICHEY, FL 34653			Mailing Address 7642 PLATHE RD NEW PORT RICHEY, FL 34653		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		05022005 Chg-NP CR2E037 (10/03)	
Zip		Country		4. FEI Number 59-3504338	
				Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
THEODONDES-BUS TER, ELECTRA 2331 PHILLIPS RD. TALLAHASSEE, FL 32308			Name KIM S. BOGART Street Address (P.O. Box Number is Not Acceptable) 7642 PLATHE RD. City NEW PORT RICHEY FL Zip Code 34653		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u><i>Kim S. Bogart</i></u> , KIM S. BOGART - EXECUTIVE DIRECTOR <u>5/2/05</u> <small>Signatures, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAPMAN, ROBERT E MAJ. P.O. BOX 1210 GAINESVILLE, FL 326021210	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMPBELL, LARRY P O BOX 727 TALLAHASSEE, FL 32302	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALDROP, TAMMY CPT. P.O. BOX 24681 WEST PALM BEACH, FL 334164681	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THEODONDES-BUSTLE, ELECTRA COS FDLE, 2331 PHILLIPS RD. TALLAHASSEE, FL 32308	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEAMAN, ROBERT MAJ. 800 SE MONTEREY RD. STUART, FL 34994	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAFNER, NED 3955 LEWIS SPEED WAY SAINT AUGUSTINE, FL 32084	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition BUSTLE, ELECTRA COS FDLE, 2331 PHILLIPS RD TALLAHASSEE, FL 32308				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Kim S. Bogart</i></u> , KIM S. BOGART - EXEC. DIRECTOR <u>5/2/05</u> (727) 243-0991 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					