


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90186 036 ****70.00

DOCUMENT # N98000001748 1. Entity Name FLORIDA CORRECTIONS ACCREDITATION COMMISSION, INC.					
Principal Place of Business 3504 LAKE LYNDA DR, SUITE 380 ORLANDO, FL 32817			Mailing Address 3504 LAKE LYNDA DR, SUITE 380 ORLANDO, FL 32817		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3504338	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent BOGART, KIM S 7642 PLATHE RD NEW PORT RICHEY, FL 34653				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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 checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	D MCNESEBY, RON 1700 W. LEONARD ST PENSACOLA, FL 32501	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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 TIGHE, PATRICK MAJ. 4700 W. MIDWAY RD. FORT BERGE, FL 34981	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D BUSTLE, ELECTA COS FDLE, 2331 PHILLIPS RD TALLAHASSEE, FL 32308	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	D SEAGRAVES, T.L. "TOMMY" 70001 BOBBY MOORE CIR. YULEE, FL 32097	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	C HARVEY, DAVID F 15 OAK ST. CRAWFORDVILLE, FL 32327	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	D JETER, SUSAN CMDR. 860 CAMP RD COCOA, FL 32927	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D SMITH, GREG 3301 TAMiami TRAIL EAST NAPLES, FL 34112	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	D DIGGS, DAVID MAJ. 211 BUSH BLVD SANFORD, FL 32773	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D TIDWELL, MICHAEL A 211 BUSH BLVD SANFORD, FL 32773	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	D BASS, GORDON DIR. 501 E. BAY ST JACKSONVILLE, FL 32202	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Kim S. Bogart</i>			EXEC. DIRECTOR <i>Kim S. Bogart</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <i>4/28/08 (727) 243-0991</i>		

ATTACHMENT

60035839

Florida Corrections Accreditation Commission, Inc.

Addendum to 2008 Not-For-Profit Annual Report

Document # N98000001748

Additions to list:

D

Kilpatrick, Jeff Supv.
14 NE 1st Street
Gainesville, FL 32601

D

Burdette, Susan H.
3722 Vision Drive
Orlando, FL 32839

M

Bogart, Kim Exec. Director
3504 Lake Lynda Drive, Ste. 380
Orlando, FL 32817