

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000007167

FILED
May 28, 2008
Secretary of State

Entity Name: FLORIDA COLLEGIATE HONORS COUNCIL, INC.

Current Principal Place of Business:

BROWARD COMMUNITY COLLEGE
225 E LAS OLAS BLVD, 31/123
FORT LAUDERDALE, FL 33301

New Principal Place of Business:

Current Mailing Address:

BROWARD COMMUNITY COLLEGE
225 E LAS OLAS BLVD, 31/123
FORT LAUDERDALE, FL 33301

New Mailing Address:

FEI Number: 59-3556015 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

BOCCHINO, IRMGARD
BROWARD COMMUNITY COLLEGE
225 E LAS OLAS BLVD, 31/123
FORT LAUDERDALE, FL 33301 US

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: MCLEOD, MARISA
Address: SANTA FE, CC 3000 NW 83RD ST, BLDG P236A
City-St-Zip: GAINESVILLE, FL 32606

Title: TD () Delete
Name: BOCCHINO, IRMGARD
Address: 225 E LAS OLAS BLVD
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: VD () Delete
Name: GRINSTEAD, LAUREN
Address: HILLSBOROUGH CC, 10414 E. COLUMBUS DR
City-St-Zip: TAMPA, FL 33619 US

Title: PD () Delete
Name: KNESKI, JOHN
Address: FIU, 11200 SW 8TH ST, DM233
City-St-Zip: MIAMI, FL 33199 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DR. IRMGARD BOCCHINO

TD

05/28/2008

Electronic Signature of Signing Officer or Director

Date