2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732240

Entity Name: FLORIDA COLLEGE SYSTEM ACTIVITIES ASSOCIATION

INCORPORATED

Current Principal Place of Business:

1725 MAHAN DRIVE TALLAHASSEE, FL 32308

Current Mailing Address:

1725 MAHAN DRIVE

TALLAHASSEE, FL 32308 US

FEI Number: 59-6193023 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WARREN, KELLY N 1725 MAHAN DRIVE TALLAHASSEE, FL 32308 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: KELLY N WARREN 03/02/2018

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title DIRECTOR Title DIRECTOR

Name BARRETT, LAWRENCE DR. Name MURDAUGH, JAMES DR.

Address 149 SOUTHEAST VOCATIONAL PLACE Address 444 APPLEYARD DR.

City-State-Zip: TALLAHASSEE FL 32304

City-State-Zip: LAKE CITY FL 32025

Title DIRECTOR

Name MCGEE, ANN DR.

Address 100 WELDON WAY

Name CLEMMENS, SARAH DR.

Address 3094 INDIAN CIRCLE

City-State-Zip: MARIANNA FL 32446

City-State-Zip: SANFORD FL 32773

Title DIRECTOR

Title DIRECTOR

Name WARREN, KELLY N

Name PARKER, AVA DR. Address 1725 MAHAN DRIVE

Address 4200 CONGRESS AVE. City-State-Zip: TALLAHASSEE FL 32308

City-State-Zip: LAKE WORTH FL 33461

Name ARMSTRONG, DAVID Address 3001 SW COLLEGE RD.
Address 111 E. OLAS BLVD. City-State-Zip: OCALA FL 34474

City-State-Zip: FT. LAUDERDALE FL 33301

Continues on page 2

I hereby 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 all other like empowered.

SIGNATURE: KELLY N WARREN EXECUTIVE DIRECTOR

Electronic Signature of Signing Officer/Director Detail

03/02/2018 Date

FILED Mar 02, 2018

Secretary of State

CC7689796203

Officer/Director Detail Continued:

City-State-Zip:

City-State-Zip:

LEESBURG FL 34788

GAINESVILLE FL 32606

City-State-Zip: PALATKA FL 32177

Title DIRECTOR Title DIRECTOR

Name LOBASSO, THOMAS DR. Name RICHEY, JAMES DR.

Address P. O. BOX 2811 Address 1519 CLEARLAKE ROAD

City-State-Zip: DAYTONA BEACH FL 32120 City-State-Zip: COCOA FL 32922

Title DIRECTOR Title DIRECTOR

NameALLBRITTEN, JEFF DR.NameBIOTEAU, CYNTHIA DR.Address8099 COLLEGE PARKWAYAddress501 W. STATE STREETCity-State-Zip:FT. MYERS FL 33919City-State-Zip:JACKSONVILLE FL 32202

Title DIRECTOR Title DIRECTOR

Name GUEVERRA, JONATHAN DR. Name ATWATER, KENNETH DR.

Address 5901 COLLEGE ROAD Address P. O. BOX 31127
City-State-Zip: KEY WEST FL 33040 City-State-Zip: TAMPA FL 33631

Title DIRECTOR Title DIRECTOR

NameHOLDNAK, JOHN DR.NameMASSEY, EDWIN DR.Address5230 W. HIGHWAY 98Address3209 VIRGINIA AVENUECity-State-Zip:PANAMA CITY FL 32401City-State-Zip: FT. PIERCE FL 34981

Title DIRECTOR Title DIRECTOR

Name SIDOR, STANLEY DR. Name PADRON, EDUARDO DR.

Address 9501 U. S. HIGHWAY 441 Address 300 NE 2ND AVENUE

City-State-Zip: MIAMI FL 33132

Title DIRECTOR Title DIRECTOR

Name DEVIN, STEPHENSON DR.

Address 100 COLLEGE BLVD.

Name BEARD, TIM DR.

Address 10230 RIDGE ROAD

City-State-Zip: NICEVILLE FL 32578 City-State-Zip: NEW PORT RICHEY FL 34654

Title DIRECTOR Title DIRECTOR

Name MEADOWS, ED DR.

Address 1000 COLLEGE BLVD

Name FALCONETTI, ANGELA DR.

Address 999 AVENUE H, NE

City-State-Zip: WINTER HAVEN FL 33881

City-State-Zip: PENSACOLA FL 32504

Title DIRECTOR

Name SASSER, JACKSON DR.

Address 3000 NW 83RD STREET

Name LEITZEL, THOMAS DR.

Address 600 W. COLLEGE DRIVE

City-State-Zip: AVON PARK FL 33825

Title DIRECTOR

Name PROBSTFELD, CAROL DR. WILLIAMS, TONJUA DR.

Address P. O. BOX 13489

Address P. O. BOX 1849

City-State-Zip: ST. PETERSBURG FL 33733
City-State-Zip: BRADENTON FL 34206

Title DIRECTOR

Title DIRECTOR Name SHUGART, SANFORD DR.

Name PICKENS, JOE ESQ.

Address P.O. BOX 3028

Address 5001 ST. JOHNS AVENUE City-State-Zip: ORLANDO FL 32802