

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03622

Entity Name: SOUTH FLORIDA STATE COLLEGE FOUNDATION INC.**Current Principal Place of Business:**13 E MAIN ST
AVON PARK, FL 33825**Current Mailing Address:**13 E MAIN ST
AVON PARK, FL 33825 US**FEI Number:** 59-3050497**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HANCOCK, JANE M ATTY
13 E MAIN ST
AVON PARK, FL 33825 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:** JANE M HANCOCK

02/06/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT, DIRECTOR
Name CREWS, CHRISTY F
Address POST OFFICE BOX 1961
City-State-Zip: AVON PARK FL 33826

Title VP, DIRECTOR
Name CARRUTHERS, MERCEDES
Address 3033 HAWKS LANDING CIRCLE
City-State-Zip: SEBRING FL 33876

Title TREASURER, DIRECTOR
Name BARBEN, NICOLE
Address POST OFFICE BOX 1932
City-State-Zip: AVON PARK FL 33826

Title SECRETARY, DIRECTOR
Name ATCHLEY, TERRY
Address 1035 KNOLLWOOD CIRCLE
City-State-Zip: WAUCHULA FL 33873

Title DIRECTOR
Name JARRETT, WILLIAM
Address 1305 U.S. HIGHWAY 27 NORTH
City-State-Zip: AVON PARK FL 33825

Title DIRECTOR
Name SACCO, JOEY B
Address 217 US HIGHWAY 27 NORTH
City-State-Zip: SEBRING FL 33872

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: JOEY B SACCO**DIRECTOR**

02/06/2014

Electronic Signature of Signing Officer/Director Detail

Date