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Mar 26 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 705762 (3)

1. Corporation Name
LYNN UNIVERSITY, INC.



Principal Place of Business: 3601 N MILITARY TRAIL BOCA RATON FL 33431
Mailing Address: 3601 N MILITARY TRAIL BOCA RATON FL 33431-5507

3. Date Incorporated or Qualified: 06/14/1963
3a. Date of Last Report: 01/31/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-1023117	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input checked="" type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28	<input type="checkbox"/>	
Zip	Country	29	30
24	25	29	30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ROSS, DONALD E. DR. LYNN UNIVERSITY MILITARY TRAIL BOCA RATON FL 33431	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSS, DONALD E	1.2 NAME	
STREET ADDRESS	150 NE 5TH AVE.	1.3 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL	1.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYNN, EUGENE M	2.2 NAME	
STREET ADDRESS	565 ALEXANDER PALM RD	2.3 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL	2.4 CITY - ST - ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANDGREN, ARTHUR	3.2 NAME	
STREET ADDRESS	5191 TENNIS LANE	3.3 STREET ADDRESS	
CITY - ST - ZIP	DELRAY BCH FL	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORTIMER, JOHN	4.2 NAME	
STREET ADDRESS	611 PLUM RUN DR.	4.3 STREET ADDRESS	
CITY - ST - ZIP	WESTCHESTER PA	4.4 CITY - ST - ZIP	
TITLE	CD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARVILLE, HUGH	5.2 NAME	
STREET ADDRESS	KNOX AVENUE	5.3 STREET ADDRESS	
CITY - ST - ZIP	JOHNSTOWN NY	5.4 CITY - ST - ZIP	
TITLE	VPS <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARVILLE, GERALD D	6.2 NAME	
STREET ADDRESS	2156 ACORN PALM DR.	6.3 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL	6.4 CITY - ST - ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Donald E. Ross* REQUIRED March 20, 1997

CR2E037 (9/96)