

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 707232 (5)

1. Corporation Name
WARNER SOUTHERN COLLEGE, INC.



Principal Place of Business: 5301 U.S. HIGHWAY 27, SOUTH LAKE WALES, FL 33853
Mailing Address: 5301 U.S. HIGHWAY 27, SOUTH LAKE WALES, FL 33853

3. Date Incorporated or Qualified: 05/04/1964
3a. Date of Last Report: 06/05/1995

21	2. Principal Place of Business	2a	Mailing Address	4.	FEI Number	Applied For
	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.		59-1275800	Not Applicable
22	City & State	27	City & State	5.	Certificate of Status Desired	\$8.75 Additional Fee Required
	Zip	28	Zip		<input type="checkbox"/>	
23	Country	29	Country	6.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
	Country	30	Country		<input type="checkbox"/>	
24	Country	30	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

HALL, GREGORY V.
5301 US HIGHWAY 27 SOUTH
LAKE WALES FL 33853

10. Name and Address of New Registered Agent

81	Name	85	Zip Code
82	Street Address (P.O. Box Number is Not Acceptable)	FL	
83			
84	City		

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 re-registering) DATE: _____

12. OFFICERS AND DIRECTORS		
TITLE	STV	<input type="checkbox"/> DELETE
NAME	HALL, ROBERT M.	
STREET ADDRESS	1157 CEPHIA STREET	
CITY-ST-ZIP	LAKE WALES FL	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	POWELL, GORDON	
STREET ADDRESS	421 THIRD STREET	
CITY-ST-ZIP	BUTLER PA	
TITLE	P	<input type="checkbox"/> DELETE
NAME	HALL, GREGORY	
STREET ADDRESS	5301 US HIGHWAY 27 S	
CITY-ST-ZIP	LAKE WALES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DARBY, DARREL	
STREET ADDRESS	1600 SO JEFFERSON	
CITY-ST-ZIP	HUNTINGTON WV	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TAPY, JACK	
STREET ADDRESS	20520 N. WALNUT ST.	
CITY-ST-ZIP	MUNCIE IN	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FRALEY, HENRY	
STREET ADDRESS	100 CREEKSIDE DRIVE	
CITY-ST-ZIP	GEROGETOWN KY	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Robert M. Hall* V.P. FOR BUS. & FINANCE 5/1/96 (941) 638-7215
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)