

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90086 040 \*\*\*\*70.00

0058042

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 707232**

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

05/04/1964

22 City & State

27 City & State

4. FEI Number  
 59-1275800

Applied For  
 Not Applicable

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

24

25

29

30

6. Election Campaign Financing  
 Trust Fund Contribution

**\$5.00** May Be  
 Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE STV  DELETE  
 NAME HALL, ROBERT M.  
 STREET ADDRESS 1157 CEPHIA STREET  
 CITY-ST-ZIP LAKE WALES FL

1.1 TITLE VP TREASURER  Change  Addition  
 1.2 NAME GREGORY A. RODDEN  
 1.3 STREET ADDRESS 4813 AUDEN ST  
 1.4 CITY-ST-ZIP LAKE WALES, FL 33853

TITLE CD  DELETE  
 NAME POWELL, GORDON  
 STREET ADDRESS 421 THIRD STREET  
 CITY-ST-ZIP BUTLER PA

2.1 TITLE  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

TITLE P  DELETE  
 NAME HALL, GREGORY  
 STREET ADDRESS 5301 US HIGHWAY 27 S  
 CITY-ST-ZIP LAKE WALES FL

3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

TITLE D  DELETE  
 NAME DARBY, DARREL  
 STREET ADDRESS 1600 SO JEFFERSON  
 CITY-ST-ZIP HUNTINGTON WV

4.1 TITLE V  Change  Addition  
 4.2 NAME BILL RIGEL  
 4.3 STREET ADDRESS 242 S. LAKESHORE  
 4.4 CITY-ST-ZIP LAKE WALES, FL 33853

TITLE D  DELETE  
 NAME CLAUSSEN, JIM  
 STREET ADDRESS 185 BRWONING CIRCLE, SE  
 CITY-ST-ZIP WINTER HAVEN FL 33884

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

TITLE D  DELETE  
 NAME FRALEY, HENRY  
 STREET ADDRESS 100 CREEKSIDE DRIVE  
 CITY-ST-ZIP GEROGETOWN KY

6.1 TITLE  Change  Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/99

Date

(941) 638-7215

Daytime Phone #

CR2E037 (1/98)