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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

26

05/04/1964

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number 59-1275800

Applied For Not Applicable

22

27

City & State

City & State

5. Certificate of Status Desired [checked]

\$8.75 Additional Fee Required

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing Trust Fund Contribution [unchecked]

\$5.00 May Be Added to Fees

24

25

29

30

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, NAME: HALL, ROBERT M., STREET ADDRESS: 1157 CEPHIA STREET, CITY-ST-ZIP: LAKE WALES FL. [checked] DELETE

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

TITLE: CD, NAME: POWELL, GORDON, STREET ADDRESS: 421 THIRD STREET, CITY-ST-ZIP: BUTLER PA. [unchecked] DELETE

2.1 TITLE, 2.2 NAME, 2.3 STREET ADDRESS, 2.4 CITY-ST-ZIP. [unchecked] Change [unchecked] Addition

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

3.1 TITLE, 3.2 NAME, 3.3 STREET ADDRESS, 3.4 CITY-ST-ZIP. [unchecked] Change [unchecked] Addition

TITLE: D, NAME: DARBY, DARREL, STREET ADDRESS: 1600 SO JEFFERSON, CITY-ST-ZIP: HUNTINGTON WV. [checked] DELETE

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

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

5.1 TITLE, 5.2 NAME, 5.3 STREET ADDRESS, 5.4 CITY-ST-ZIP. [unchecked] Change [unchecked] Addition

TITLE: D, NAME: FRALEY, HENRY, STREET ADDRESS: 100 CREEKSIDE DRIVE, CITY-ST-ZIP: GEROGETOWN KY. [unchecked] DELETE

6.1 TITLE, 6.2 NAME, 6.3 STREET ADDRESS, 6.4 CITY-ST-ZIP. [unchecked] Change [unchecked] Addition

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

4/30/99

(941) 638-7215

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)