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NONPROFIT CORPORATION ANNUAL REPORT



1999

DIVISION OF CORPORATIONS

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DOCUMENT	#	71	10	59	98	ļ
 Corporation Name 						

WEBBER COLLEGE, INC.

						_				
Principal Place of Business Mailing Address										
% REX YENTES % REX YENTES										
P.O. BOX 96		P.O. BOX 96								
BABSON PARK	(FL 33827	BABSON PARK FL 33827				I (30)% IDOUR HOLL COLOR STILL IDIA	II 1811 81811 618	it Arası e)1 0 11 8191	1 81811 1981
2 0-4-4-10	ace of Business	2a. Mailing Address				Date Incorporated or Qualifed				
	ace of busiliess	26				03/25/1966				
Suite, Apt.	# ptc	Suite, Apt. #, etc.				4. FEI Number			Арр	lied For
22	r, 0to.	27				59-2139553		-		Applicable
City & State		City & State						\$8.	75 Ac	iditional
23		28				5. Certifcate of Status Desired		F	e Req	uired
Zip	Country	Zip	Coul	ntry		6. Election Campaign Financing		\$5	.00 M	lay Be
24	25	29	30			Trust Fund Contribution		Ac	ided to	Fees
. I	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New F	egistered A	Agent		
				81	Name					1
YENTES,	RFX R		-	82	Street Addre	ss (P.O. Box Number is Not Accepta	ble)			
	COLLEGE INC				Oli doli Addio					
	27 SOUTH			83						
	PARK FL 33827		-		City			85	Zip Co	orie
5/150011	TARK I E GOOLI			84	City		FL	83	Zip Ot	
11. Pursuant	to the provisions of Sections 617.050	2 and 617.1508, Florida Statute	s, the al	oove	-named corpo	ration submits this statement for the	purpose of	changi	ng its r	egistered
office or re	to the provisions of Sections 617.050. egistered agent, or both, in the State π familiar with, and accept the obligat	of Florida. Such change was at	ithorized	hv t	the corporation	n's board of directors. I hereby accep	it the appoir	ıment	as regi	stered
	in fairman with, and accept the conge									
SIGNATURE	Signature, typed or printed name of registered agen	nt and title if applicable. (NOTE:	Registered	Agent	signature required		DATE			
12.	OFFICERS AN	ID DIRECTORS	13.			ADDITIONS/CHANGES TO OF	FICERS AN			
TITLE	D	☐ DELETE	1.1 111	ΠE				□ Cµ	ange	Addition
NAME	REAGIN, LES		1.2 NA	WE						
STREET ADDRESS	WEBBER COLLEGE		1.3 ST	REET	ADDRESS					
CITY-ST-ZIP	BABSON PARK FL		1.4 CD	TY-ST	-ZIP					—
TITLE	P	☐ DELETE	2.1 TIT	rle				□ Ch	ange	☐ Addition
NAME	yentes, rex r		2.2 NA	ME						
STREET ADDRESS	WEBBER COLLEGE		2.3 ST	REET	ADDRESS					
CITY-ST-ZIP	BABSON PARK FL 33827		2. 4 CI							F7 6 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
TITLE	T		3.1 TT	ΠE	Т			X Ch	ange	☐ Addition
NAME	YRBOROUGH, BEVERLY A		3.2 NA	ME		Gerard, Prisci				
STREET ADDRESS	WEBBER COLLEGE		3.3 ST	REET	ADDRESS	Webber College Babson Park,	· _			
CITY-ST-ZIP	BABSON PARK FL		3.4. CI		r-zip	Babson Park,	FI			827
TITLE	D	☐ DELETE	4.1 TIT					□ Ch	arige	Addition
NAME	ELLSWORTH, DAVE		4. 2 N		}					
STREET ADDRESS	WEBBER COLLEGE		4.3 ST	REET	ADDRESS					
CITY-ST-ZIP	BABSON PARK FL		4.4 CT		-ZIP			F164		C Addition
TITLE	D	☐ DELETE	5.1 TT					☐ Ch	ងស្ន េត	Addition \
NAME	ROSE, ROGER		5.2 NA		4000000					
STREET ADDRESS	WEBBER COLLEGE				ADDRESS					
CITY-ST-ZIP	BABSON PARK FL 33827		5.4 CF		- ZIP			F10	2000	Addition
TITLE		☐ DELETE	6.1 TI					다	anyd	
NAME			6.2 NA		4000505					
STREET ADDRESS			6.3 ST	REET	ADDRESS					
			= ^ / ^ -							

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(

1/15/99

941-638-2943