

**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

FILED  
May 01 1996 8:00 am  
Secretary of State

DOCUMENT # 713103 (0)  
1. Corporation Name  
EDWARD WATERS COLLEGE, INC.



800001857938  
-06/11/96--01073--007  
\*\*\*61.25

Principal Place of Business: 1658 KINGS RD. JACKSONVILLE FL 32209  
Mailing Address: 112 WEST ADAMS ST 1814 JACKSONVILLE FL 32203

3. Date Incorporated or Qualified: 07/24/1967  
3a. Date of Last Report: 09/27/1995  
4. FEI Number: 59-1146751  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business (21-23)  
2a. Mailing Address (26-30)  
22. Suite, Apt. #, etc.  
23. City & State  
24. Zip  
25. Country  
26. Suite, Apt. #, etc.  
27. City & State  
28. Zip  
29. Country  
30. Zip

9. Name and Address of Current Registered Agent  
PARKER, AVA L.  
112 WEST ADAMS STREET  
1814  
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent  
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		
TITLE	CD	<input type="checkbox"/> DELETE
NAME	CUMMINGS, FRANK C	
STREET ADDRESS	11857 HONEY LOCUST DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32223	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	GUESS, JERRY	
STREET ADDRESS	1658 KINGS ROAD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BURNS, JESSE L	
STREET ADDRESS	1658 KINGS RD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	WILLIAMS, STANLEY	
STREET ADDRESS	1658 KINGS RD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Wilson, Ralph	
1.3 STREET ADDRESS	Route 4 Box 1590	
1.4 CITY-ST-ZIP	Madison, Pa. 32340	
2.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Kenyon, Leroy	
2.3 STREET ADDRESS	8029 Clounglen Circle	
2.4 CITY-ST-ZIP	Orlando, FL 32818	
3.1 TITLE	President	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Bennington, Leanne H Morse	
3.3 STREET ADDRESS	1658 Kings Rd	
3.4 CITY-ST-ZIP	Jacksonville, FL	
4.1 TITLE	SEED	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Sestrom, Herman	
4.3 STREET ADDRESS	1658 Kings Road	
4.4 CITY-ST-ZIP	Jacksonville, Florida	
5.1 TITLE	Frazier, L.J.	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	1331 East Cross Street	
5.4 CITY-ST-ZIP	Pensacola	
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 as an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE: 4/29/96 (904) 355-8262  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)