FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

1997 MAY -1 PH 4: 42

SECRETARY OF STATE TALLAHASSEE. FLORIDA

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 713103

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EDWARD WATERS COLLEGE, INC.

Principal Place of Business	Mailing Address	

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Principal Place of Business Mailing Address								1 100414 10001 11000 THE HISE OFFICE III			L BYNYN LØDI			
112 WEST ADAMS ST														
	KBONVILLE F	L 32209		1814	1814				ļ					
			JACK	JACKSONVILLE FL 32202-3837						3. Date Incorporated or Qualified		te of Last R		
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		lace of Busin		ь	Mailing A		·		71.000		4. FEI Number		Ar	pplied For
21		Kings	коац	26			tate	: :	Street	_	59-1146751			t Applicable
-	Sulte, Apt.		Suite, Apt. #, etc.						5. Certificate of Status Desired		,	Additional equired		
22	City & State			City & State						+	• Floation Compaign Figureing			··
23			le, FL	28		sonvi	11e,	F	7L		6. Election Campaign Financing Trust Fund Contribution		\$5.00 Added	, ,
-	Zip		Country		Zip			untry		$\neg \uparrow$	8. This corporation has liability for i			
24	32209)	25	29	3220	12	30] No	
	9. Name and Address of Current Registered Agent										10. Name and Address of New Re	gistered /	Agent	
81								Name Park		, Ava L.			ļ	
	PARKER,	AVA L.						82	Street Add	dress	s (P.O. Box Number is Not Acceptab Market Street	le)		
l	112 WEST	r adams 8	STREET					<u> </u>	603	N.	Market Street		•	
l	1814							83						Į
1	JACKSON	MLLE FL 3	32202					84	City		-	——————————————————————————————————————	85 Zip	Code
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113	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.													
s	SIGNATURE													
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Register								d Age	uper erutangia Inc	uired w	when reinstaling) ADDITIONS/CHANGES TO OFFICE	DATE	Dibcoror	
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14. I do 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 fappears in Block 12 or Block 13 if changed, or on an attachment with an address.