

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 713103

FILED  
Feb 14, 2007  
Secretary of State

Entity Name: EDWARD WATERS COLLEGE, INC.

**Current Principal Place of Business:**

1658 KINGS ROAD  
JACKSONVILLE, FL 32209

**New Principal Place of Business:**

**Current Mailing Address:**

1658 KINGS ROAD  
JACKSONVILLE, FL 32209

**New Mailing Address:**

FEI Number: 59-1146751

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BRENNAN, MANNA & DIAMOND, P.L.  
76 SOUTH LAURA ST.  
STE. 2110  
JACKSONVILLE, FL 32202 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BRONSON, OSWALD P SR  
Address: 1658 KINGS ROAD  
City-St-Zip: JACKSONVILLE, FL 32209

Title: VCD ( ) Delete  
Name: MITCHELL, ORRIN DR  
Address: 1190 W. EDGEWOOD AVE  
City-St-Zip: JACKSONVILLE, FL 32208

Title: SD ( ) Delete  
Name: ROSE, LAURA Z  
Address: 7312 IRVING SCOTT DRIVE  
City-St-Zip: JACKSONVILLE, FL 32209

Title: VCD ( ) Delete  
Name: MILNE, DOUG  
Address: 4595 LEXINGTON AVE  
City-St-Zip: JACKSONVILLE, FL 32210

Title: CD ( ) Delete  
Name: YOUNG, MCKINLEY BISHOP  
Address: 101 EAST UNION STREET STE 301  
City-St-Zip: JACKSONVILLE, FL 32202

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: OSWALD P. BRONSON, SR.

PD

02/14/2007

Electronic Signature of Signing Officer or Director

Date