

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

DOCUMENT # **852958** (8)
1. Corporation Name
NORTHWOOD UNIVERSITY, INC.



Principal Place of Business: **3225 COOK RD. MIDLAND MI 48640**
Mailing Address: **3225 COOK RD. MIDLAND MI 48640**

3. Date Incorporated or Qualified: **05/24/1982**
3a. Date of Last Report: **04/26/1995**

| | | | | | | | |
|---|--------------------------------|----|---------------------|--|---|--------------------------|---------------------------------------|
| 21 | 2. Principal Place of Business | 26 | 2a. Mailing Address | 4. | FEI Number 38-1624684 | Applied For | Not Applicable |
| 22 | Suite, Apt. #, etc. | 27 | Suite, Apt. #, etc. | 5. | Certificate of Status Desired | <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 23 | City & State | 28 | City & State | 6. | Election Campaign Financing Trust Fund Contribution | <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 24 | Zip | 25 | Country | 29 | Zip | 30 | Country |
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |

DUNSTON, LEIGH
FIRST NATIONAL BANK BLDG.
PALM BEACH FL 33480

| | |
|----|--|
| 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 | VTS | <input type="checkbox"/> DELETE |
| NAME | HUNKINS, DONALD E. | |
| STREET ADDRESS | 3225 COOK ROAD | |
| CITY-ST-ZIP | MIDLAND, MI 00000 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | SANDERS, JACK F | |
| STREET ADDRESS | 250 PURDY DRIVE | |
| CITY-ST-ZIP | ALMA, MI 00000 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | LANPHAR, WILLIAM L | |
| STREET ADDRESS | 22882 ORCHARD LAKE ROAD | |
| CITY-ST-ZIP | FARMINGTON MI | |
| TITLE | C | <input type="checkbox"/> DELETE |
| NAME | CARDER, TERRY | |
| STREET ADDRESS | 6273 BALTUSROL TERRACE | |
| CITY-ST-ZIP | STUART FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | ANDERSON, ANDREW F | |
| STREET ADDRESS | 1111 SOUTH HENRY ST | |
| CITY-ST-ZIP | BAY CITY, MI 00000 | |
| TITLE | P | <input type="checkbox"/> DELETE |
| NAME | FRY, DAVID E | |
| STREET ADDRESS | 1420 W SUGNET | |
| CITY-ST-ZIP | MIDLAND MI | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|--|---|
| 1.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | | |
| 1.3 STREET ADDRESS | | |
| 1.4 CITY-ST-ZIP | | |
| 2.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY-ST-ZIP | | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 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 on an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-96 (517) 837-4211
Date Daytime Phone #

CR2E037 (12/95)