FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Feb 05 1997 8:00am

Secretary of State

87 837 4211

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #
1. Corporation Name 852958 (8)

NORTI	WOOD UNIVERSITY, INC.					
Principal Plac	e of Business	Mailing Address			i realiat intol alling libita satut allial	HOUR BROOK DEATH DIDIN DIRRE BIBRE DEATH LEAD
3225 COOK RD. 3225 COOK RD. MIDLAND MI 48640-2311						
					3. Date Incorporated or Qualified 05/24/1982	3a. Date of Last Report 04/17/1996
2, Principal P	2. Principal Place of Business 2a. Mailing Address 26				4. FEI Number 38-1624684	Applied For Not Applicable
Suite, Apt. #, etc. Suite 22 27		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stale 28		City & State	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country Zip		Country 30	Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No		intangible tax under s. 199.032,
	9. Name and Address of Current		1001		10. Name and Address of New Re	
			81	Name		
DUNSTON, LEIGH FIRST NATIONAL BANK BLDG. PALM BEACH FL 33480			82	Street Add	dress (P.O. Box Number is Not Acceptab	nje)
			83			
			64	City		FL 85 Zip Code
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.						urpose of changing its registered of the appointment as registered
SIGNATURE .						
12.	Signature, typed or printed name of registered agen OFFICERS AND		13.	ent algnature requ	uired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE CERS AND DIRECTORS IN 12
TITLE	VTS	DELETE	1.1 TITLE	· · · · ·	ADDITIONO/OFFICIAL CE OF THE	Change Addition
NAME	HUNKINS, DONALD E.		1.2 NAME			
STREET ADDRESS	3225 COOK ROAD		1.3 STREET	ADDRESS		
ÇITY-ST-ZIP	MIDLAND, MI 00000		1.4 CITY-ST-ZIP			
TITLE	D DELETE		2.1 TITLE	1 2.0		☐ Change ☐ Addition
NAME	I		2.2 NAME			
STREET ADDRESS	250 PURDY DRIVE		2.3 STREET	ADDRESS	-d -e	
CITY-ST-ZIP	ALMA, MI 00000		2. 4 CITY-	ST-ZIP		
TITLE	D DELETE 3		3.1 TITLE			Change Addition
NAME	LANPHAR, WILLIAM L		3.2 NAME			
STREET ADDRESS	22882 ORCHARD LAKE ROAD)	3.3 STREET	ADDRESS		•
CITY - ST - ZIP	FARMINGTON MI		8.4. CITY-5	ST-ZIP		
TITLE	C	☐ DELETE	4.1 TITLE			☐ Change ☐ Addition
NAME	CARDER, TERRY		4.2 NAME			
STREET ADDRESS	6273 BALTUSROL TERRACE		4.3 STREET	ADORESS		
CITY - ST - ZIP	STUART FL		4.4 CITY - S	T-21P		
TITLE	D DELETE		5.1 TITLE		Change Addition	
NAME	ANDERSON, ANDREW F		5.2 NAME			
STREET ADDRESS	1111 SOUTH HENRY ST		5.3 STREET	ADDRESS		
CITY-ST-ZIP	BAY CITY, MI 00000		5.4 CITY-S	T-ZIP		
TITLE	P	☐ DELETE	6.1 TITLE			Change Addition
NAME	FRY, DAVID E		6.2 NAME	İ		
STREET ADDRESS	1420 W SUGNET		6.3 STREET	ADDRESS		

6.4 CITY-ST-ZIP

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 received 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:

| 17/97 | 97 837 42/1