


FILE NOW: FILING FEE IS \$61.25

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Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90238 010 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 852958

1. Corporation Name
NORTHWOOD UNIVERSITY, INC.

385241 - 90238 - 10

Principal Place of Business 3225 COOK RD. MIDLAND MI 48640	Mailing Address 3225 COOK RD. MIDLAND MI 48640
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 05/24/1982
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number 38-1624684
23 City & State	28 City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 Zip Country	29 Zip Country	30
9. Name and Address of Current Registered Agent		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name **DUNSTON, LEIGH**

82 Street Address (P.O. Box Number is Not Acceptable)
SUITE 500, EAST

83 **777 SOUTH FLAGLER DRIVE**

84 City **WEST PALM BEACH** FL 85 Zip Code **33401**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 checked="" 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 checked="" type="checkbox"/> Addition
3.2 NAME	D BRAUN, ELMER
3.3 STREET ADDRESS	13 DAVIS DRIVE
3.4 CITY-ST-ZIP	SAGINAW, MI 48602
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 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ **SIGNATURE REQUIRED** P. OF FINANCE (517) 837-4211
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2097 (11/98)