


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 09, 2006 8:00 am**  
**Secretary of State**

05-09-2006 90085 043 \*\*\*\*61.25

DOCUMENT # F02000004541					
1. Entity Name BRIDGEWATER COLLEGE INCORPORATED					
Principal Place of Business 402 EAST COLLEGE ST. BRIDGEWATER, VA 22812		Mailing Address CAMPUS BOX 33 BRIDGEWATER, VA 22812			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 54-0506306	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MUNTZING, WILLIAM H 1102 WEST OAK ST. KISSIMMEE, FL 34741			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	C	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KEELER, JAMES L		NAME	SEE ATTACHED REVISED LIST	
STREET ADDRESS	13232 N. VALLEY DRIVE		STREET ADDRESS		
CITY-ST-ZIP	TIMBERVILLE, VA 22853		CITY-ST-ZIP		
TITLE	VC	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MASON, MARION E		NAME		
STREET ADDRESS	P.O. BOX 267		STREET ADDRESS		
CITY-ST-ZIP	BRIDGEWATER, VA 22812		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BARNHART, GLENN R DR.		NAME		
STREET ADDRESS	1624 ARROWHEAD POINT		STREET ADDRESS		
CITY-ST-ZIP	VIRGINIA BEACH, VA 23455		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CARTER, REV. L. CLYDE JR		NAME		
STREET ADDRESS	P.O. BOX 196		STREET ADDRESS		
CITY-ST-ZIP	DALEVILLE, VA 24083		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STONE, PHILLIP C		NAME		
STREET ADDRESS	409 EAST COLLEGE ST.		STREET ADDRESS		
CITY-ST-ZIP	BRIDGEWATER, VA 22812		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCOTT, CHARLES H		NAME		
STREET ADDRESS	1556 CUMBERLAND DR.		STREET ADDRESS		
CITY-ST-ZIP	HARRISONBURG, VA 22801		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Anne B. Keeler</u>			5-2-06 540-828-5470		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

40003000



04122006 Chg-NP CR2E037 (11/05)

ATTACHMENT 40089958  
#F02000004541

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**402 East College Street**  
**Bridgewater, VA 22812**

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