


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Feb 01, 2008 08:00 AM
Secretary of State

DOCUMENT # F04000000451
 1. Entity Name
DORDT COLLEGE INCORPORATED



Principal Place of Business Mailing Address
498 FOURTH AVE N.E. **498 FOURTH AVE N.E.**
SIOUX CENTER, IA 51250 **SIOUX CENTER, IA 51250**

DO NOT WRITE IN THIS SPACE



01042008 No Chg-NP CR2E037 (4/06)

4. FEI Number 42-0772559	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

SCHYRVERS, MARILYN
4222 ST. GEORGE LANE
NAPLES, FL 34119

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ZYLSTRA, CARL E 498 FOURTH AVE N.E. SIOUX CENTER, IA 51250
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NEDERHOFF, ARLAN 498 FOURTH AVE N.E. SIOUX CENTER, IA 51250
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C KOOIMAN, ALVIN 498 FOURTH AVE N.E. SIOUX CENTER, IA 51250
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MOERMAN, TIM 498 FOURTH AVE N.E. SIOUX CENTER, IA 51250
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000811454
 02/12/08-80008-019 61.25

DO NOT WRITE IN THIS SPACE

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: *Arlan Nederhoff* *Arlan Nederhoff* 1/4/2008 712-722-6015

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #