2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2004
Secretary of State

DOCUMENT# N03000000341

Entity Name: FORMAN CHRISTIAN COLLEGE, INC.

Current Principal Place of Business:

555 - 5TH AVENUE NE
SUITE 914
ST. PETERSBURG, FL 33701

New Principal Place of Business:

Current Mailing Address:

555 - 5TH AVENUE NE
SUITE 914
ST. PETERSBURG, FL 33701

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RENTON, EDITH
555 - 5TH AVENUE NE
SUITE 914
ST. PETERSBURG, FL 33701

Name and Address of New Registered Agent:

ARMACOST, PETER H
555 - 5TH AVENUE NE
SUITE 914
ST. PETERSBURG, FL 33701

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.

SIGNATURE: PETER H. ARMACOST 01/17/2004
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete
Name: ARMACOST, PETER H
Address: 555 - 5TH AVENUE NE, SUITE 914
City-St-Zip: ST. PETERSBURG, FL 33701

Title: VD ( ) Delete
Name: STONER, DAVID
Address: 1396 N. CRAFTSBURY ROAD
City-St-Zip: CRAFTSBURY, VT 05827

Title: TD ( ) Delete
Name: FERGUSON, DUNCAN
Address: 4710-D COQUINA KEYS DR. SE
City-St-Zip: ST. PETERSBURG, FL 33705

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER H. ARMACOST PSD 01/17/2004
Electronic Signature of Signing Officer or Director Date