

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011247

FILED
Feb 26, 2008
Secretary of State

Entity Name: NEW COLLEGE OF FLORIDA DEVELOPMENT CORPORATION

Current Principal Place of Business:

5800 BAY SHORE ROAD
COH 108
SARASOTA, FL 34243

New Principal Place of Business:

Current Mailing Address:

5800 BAY SHORE ROAD
COH 108
SARASOTA, FL 34243

New Mailing Address:

FEI Number: 20-4398131 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PFEIFFER, STEVEN
5700 NORTH TAMiami TRAIL
SARASOTA,, FL 34343 US

Name and Address of New Registered Agent:

PFEIFFER, STEVEN
5800 BAY SHORE ROAD
COH 205
SARASOTA,, FL 34343 US

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: _____

02/26/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MICHALSON, GORDON
Address: 5800 BAY SHORE ROAD
City-St-Zip: SARASOTA, FL 34243

Title: SD () Delete
Name: MARTIN, JOHN
Address: 5800 BAY SHORE ROAD
City-St-Zip: SARASOTA, FL 34243

Title: D () Delete
Name: CARTER, CAROL
Address: 5800 BAY SHORE ROAD
City-St-Zip: SARASOTA, FL 34243

Title: D () Delete
Name: PRESHA, MICKEY
Address: 12214 US 301 NORTH
City-St-Zip: PARRISH, FL 34219

Title: D () Delete
Name: BAKER, BRADFORD
Address: 760 NORTH RIVER ROAD
City-St-Zip: VENICE, FL 34293

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:

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 exemption stated 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 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: WILLIAM LAWHON

CONT

02/26/2008

Electronic Signature of Signing Officer or Director

Date