

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**May 01 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
		DOCUMENT # <b>N32493</b> (1) 1. Corporation Name <b>BEACON COLLEGE, INC.</b>



Principal Place of Business: **105 E. MAIN ST. LEESBURG FL 34748**

Mailing Address: **105 E. MAIN ST. LEESBURG FL 34748**

3. Date Incorporated or Qualified: **05/24/1989**

4. FEI Number: **59-2961536**

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

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

7. Is this nonprofit corporation a homeowners association?  Yes  No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**BRODBECK, DEBORAH**  
**105 E MAIN ST**  
**LEESBURG FL 34748**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

85 Zip Code

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: *Deborah Brodbeck* **Deborah Brodbeck, President** **April 22, 1998**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TR <input type="checkbox"/> DELETE	1.1 TITLE	TR/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TIMMENY, KAY</b>	1.2 NAME	<b>Timmeny, Kay</b>
STREET ADDRESS	<b>8220 KAY COURT</b>	1.3 STREET ADDRESS	<b>8220 Kay Court</b>
CITY-ST-ZIP	<b>ANNANDALE VA</b>	1.4 CITY-ST-ZIP	<b>Annandale, VA 22003</b>
TITLE	TR <input type="checkbox"/> DELETE	2.1 TITLE	TR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NEILL, SYLVIA</b>	2.2 NAME	<b>Neill, Sylvia</b>
STREET ADDRESS	<b>800 LEGACY DRIVE, APT 626</b>	2.3 STREET ADDRESS	<b>1505 Waterside Drive</b>
CITY-ST-ZIP	<b>PLANO TX</b>	2.4 CITY-ST-ZIP	<b>McKinney, TX 75070</b>
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TOWNLEY, DEBORA</b>	3.2 NAME	
STREET ADDRESS	<b>105 E. MAIN ST.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LEESBURG FL</b>	3.4 CITY-ST-ZIP	
TITLE	TR <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MURHEAD, ROBERT</b>	4.2 NAME	
STREET ADDRESS	<b>616 SHERWOOD DRIVE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ALTAMONTE SPRINGS FL</b>	4.4 CITY-ST-ZIP	
TITLE	TR <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D'ADDARIO, JOHN</b>	5.2 NAME	
STREET ADDRESS	<b>19 DANTON LANE NORTH</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LATTINGTOWN NY</b>	5.4 CITY-ST-ZIP	
TITLE	TRC <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ZICCOLELLA, VINCENT</b>	6.2 NAME	
STREET ADDRESS	<b>35 HARDSCRABBLE RD.</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BRIARCLIFF MANOR NY</b>	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.

SIGNATURE: *Deborah Brodbeck* **4/22/98 (352) 787-7660**

CR2E037 (10/97)

## **Beacon College Board Members**

**Dr. Vincent Ziccolella, Chairperson**  
35 Hardscrabble Road  
Briarcliff Manor, NY 10510  
(914) 769-8073 (H)  
Fax: (914) 773-5540 (H)

**Sam P. Battaglia**  
48 Enclosure  
Nutley, NJ 07110  
(973) 235-0166 (H)  
1-800-366-3835 X 4931(B)  
FAX: (201) 393-4565

**Dr. Dan Coleman**  
1140 Valley Creek Run  
Winter Park, FL 32792  
(407) 678-0847 (H)  
**Business Address:**  
University of Central Florida  
Administration & Finance  
P.O. Box 16002 *NA*  
Orlando, FL 32816-0002  
(407) 823-2351  
FAX: (407) 823-5533

**John D'Addario**  
19 Danton Lane North  
Lattingtown, NY 11560  
(516) 759-5322 (H)  
FAX: (516) 759-5558 (H)  
(516) 439-3300 (B)  
FAX: (516) 439-3333(B)

**Robert Muirhead**  
616 Sherwood Drive  
Altamonte Springs, FL 32701  
(407) 331-6537 (B)  
FAX: (407) 339-6037

**Sylvia Neill**  
1505 Waterside Drive  
McKinney, TX 75070  
(972) 547-6621 (H)  
FAX: 547-6605

**Kay Timmeny**  
8220 Kay Court  
Annandale, VA 22003  
(703) 280-1795 (H)  
FAX: (703) 280-8352



## ***Beacon College Corporate Officers***

**Deborah Brodbeck  
President  
105 East Main Street  
Leesburg, Florida 34748**

**Debora Townley  
Vice President  
105 East Main Street  
Leesburg, Florida 34748**

**Kay Timmeny  
Secretary  
8220 Kay Court  
Annandale, VA 22003**

**Calvin Sanson  
Treasurer  
105 East Main Street  
Leesburg, Florida 34748**