

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 06, 1999 8:00 am
Secretary of State

07-06-1999 90001 026 ****70.00

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DOCUMENT # N32493

1. Corporation Name

BEACON COLLEGE, INC.

Principal Place of Business

105 E. MAIN ST.
LEESBURG FL 34748

Mailing Address

105 E. MAIN ST.
LEESBURG FL 34748



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

05/24/1989

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-2961536

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24 25 29 30
9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BRODBECK, DEBORAH
105 E MAIN ST
LEESBURG FL 34748

81 Name

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

83

84 City

FL

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 A. Brodbeck (DEBORAH A. BRODBECK) June 20, 1999

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE TRS
NAME TIMMENY, KAY
STREET ADDRESS 8220 KAY COURT
CITY-ST-ZIP ANNANDALE VA 22003

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE TR
NAME NEILL, SYLVIA
STREET ADDRESS 1505 WATERSIDE DR
CITY-ST-ZIP MCKINNEY TX 75070

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE V
NAME TOWNLEY, DEBORA
STREET ADDRESS 105 E. MAIN ST.
CITY-ST-ZIP LEESBURG FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE TR
NAME MUIRHEAD, ROBERT
STREET ADDRESS 616 SHERWOOD DRIVE
CITY-ST-ZIP ALTAMONTE SPRINGS FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE TR
NAME D'ADDARIO, JOHN
STREET ADDRESS 19 DANTON LANE NORTH
CITY-ST-ZIP LATTINGTOWN NY

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE TRC
NAME ZICCOLELLA, VINCENT
STREET ADDRESS 35 HARDCRABBLE RD.
CITY-ST-ZIP BRIARCLIFF MANOR NY

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

1906 A street
Bellmore, NY 08031

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Deborah A. Brodbeck June 20, 1999 352-787-7660

Date

Daytime Phone #

CR2E037 (11/98)