

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32493

FILED
Apr 14, 2006
Secretary of State

Entity Name: BEACON COLLEGE, INC.

Current Principal Place of Business:

105 E. MAIN ST.
LEESBURG, FL 34748

New Principal Place of Business:

Current Mailing Address:

105 E. MAIN ST.
LEESBURG, FL 34748

New Mailing Address:

FEI Number: 59-2961536

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: COB () Delete
Name: TIMMENY, KAY
Address: 8220 KAY COURT
City-St-Zip: ANNANDALE, VA 22003

Title: T () Delete
Name: UNCHESTER, JOHN
Address: 1467 FORCE DRIVE
City-St-Zip: MOUNTAINSIDE, NJ 07092

Title: TRS () Delete
Name: BATTAGLIA, SAM P
Address: 48 ENCLOSURE
City-St-Zip: NUTLEY, NJ 07110

Title: TRS () Delete
Name: ZICCOLELLA, VINCENT
Address: MARINER SANDS, 6205 IRONWOOD CIRCLE
City-St-Zip: STUART, FL 34997

Title: T () Delete
Name: WILLIAMS, RICHARD
Address: 9408 ALTHEA COURT
City-St-Zip: POTOMAC, MD 20854

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: COB (X) Change () Addition
Name: WILLIAMS, RICHARD
Address: 100 SINGING RIVER RANCH ROAD
City-St-Zip: EVERGREEN, CO 80439

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: T (X) Change () Addition
Name: LAWRENCE, PAM
Address: 909 4RD AVENUE, 30TH FLOOR
City-St-Zip: NEW YORK, NY 10022

I hereby certify that the information supplied with this filing does not qualify for the 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: RICHARD WILLIAMS

COB

04/14/2006

Electronic Signature of Signing Officer or Director

Date