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FILED

Feb 26 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 836512 (4)

1. Corporation Name

COLUMBIA COLLEGE (CORPORATION)

Principal Place of Business

1001 ROGERS
COLUMBIA MO 65216

Mailing Address

1001 ROGERS
COLUMBIA MO 65201-45803. Date Incorporated or Qualified
06/14/19763a. Date of Last Report
03/04/1996

4. FEI Number

43-0655867

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

2. Principal Place of Business

21

Suite, Apt #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

REED, JOSEPH O. J
NAVY CAMPUS, BLDG 2036
NAVAL TRAINING CENTER
ORLANDO FL 32813

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

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

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE SD
NAME GROSSNICKLE, DAISY
STREET ADDRESS 454 N CEDAR LK DR
CITY - ST - ZIP COLUMBIA MO ☐ DELETETITLE P
NAME BROUDER, GERALD T.
STREET ADDRESS COLUMBIA COLLEGE, 10001 ROGERS ST
CITY - ST - ZIP COLUMBIA MO ☐ DELETETITLE CD
NAME ATKINS, THOMAS
STREET ADDRESS 1123 WILKES BLVD
CITY - ST - ZIP COLUMBIA MO ☐ DELETETITLE VCD
NAME TOLER, MARTY
STREET ADDRESS 1826 HIGHRIIDGE DR
CITY - ST - ZIP COLUMBIA MO ☐ DELETETITLE T
NAME OVERTON, LINDI
STREET ADDRESS COLUMBIA COLLEGE, 1001 ROGERS ST
CITY - ST - ZIP COLUMBIA MO ☐ DELETETITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do 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:

Sandra B. Mortham
SECRETARY OF STATE

Date

Daytime Phone # 202-202-2020

CR2E037 (9/96)