FILE NOW: FILING FEE IS $61.25

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1997 MAY -1 PM 4:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT
CORPORATION
ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 713103 (0)

1. Corporation Name
EDWARD WATERS COLLEGE, INC.

Principal Place of Business	Mailing Address
1658 KINGS RD. JACKSONVILLE FL 32209	112 WEST ADAMS ST 1814 JACKSONVILLE FL 32202-3837

3. Date Incorporated or Qualified: 07/24/1967
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21 1658 Kings Road
22 Suite, Apt. #, etc.
23 City & State: Jacksonville, FL
24 Zip: 32209 25 Country

2a. Mailing Address
26 40 East State Street
27 Suite, Apt. #, etc.
28 City & State: Jacksonville, FL
29 Zip: 32202 30 Country

4. FEI Number: 59-1146751 ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PARKER, AVA L.
112 WEST ADAMS STREET
1814
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name: Parker, Ava L.
82 Street Address (P.O. Box Number is Not Acceptable): 603 N. Market Street
83
84 City: Jacksonville FL 85 Zip Code: 32202

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	CUMMINGS, FRANK C		1.2 NAME	
STREET ADDRESS	11857 HONEY LOCUST DRIVE		1.3 STREET ADDRESS	000002164730--0
CITY-ST-ZIP	JACKSONVILLE FL 32223		1.4 CITY-ST-ZIP	-05/02/97--01153--014
				*****61.25 *****61.25
TITLE	SD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	FRAZIER, L J		2.2 NAME	
STREET ADDRESS	1331 E CROSS ST		2.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	WILSON, RALPH		3.2 NAME	
STREET ADDRESS	ROUTE 4, BOX 1590		3.3 STREET ADDRESS	
CITY-ST-ZIP	MADISON FL 32340		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	KENNON, LEROY		4.2 NAME	
STREET ADDRESS	8029 CLOVERGLENN CIRCLE		4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32818		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

TBP 5/1/97

CR2E037 (9/96)

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 Frank C Cummings 4/30/97 904-366-2762