

FILE NOW: FILING FEE IS \$61.25

FILED
May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **704352** (4)
1. Corporation Name
FLORIDA COLLEGE INC.

Principal Place of Business 119 GLEN ARVEN AVE. TEMPLE TERRACE FL 33617	Mailing Address 119 GLEN ARVEN AVE. TEMPLE TERRACE FL 33617
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3. Date Incorporated or Qualified 07/31/1962	3a. Date of Last Report 02/21/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country	4. FEI Number 59-0737882 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HAMMONTREE, WILLIAM C.
301 MIDLOTHIAN AVE.
TEMPLE TERRACE FL 33617**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRITT, W.E.	1.2 NAME	
STREET ADDRESS	3203 W. THONOTOSASSA RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL	1.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FIELDING, VERL	2.2 NAME	
STREET ADDRESS	1816-17TH ST., WEST	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALMETTO FL	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMMONTREE, WILLIAM C.	3.2 NAME	
STREET ADDRESS	301 MIDLOTHIAN AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	TEMPLE TERR. FL	3.4 CITY-ST-ZIP	
TITLE	CD <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARMON, ROBERT E.	4.2 NAME	Harmon, Robert E.
STREET ADDRESS	309 JOHNSON DR.	4.3 STREET ADDRESS	309 Johnston Dr.
CITY-ST-ZIP	RAYMORE MO	4.4 CITY-ST-ZIP	Raymore, MO
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HASTINGS, S.C.	5.2 NAME	
STREET ADDRESS	1173 W. ROBERTS RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	CANTONMENT FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENDERSON, HERBERT R.	6.2 NAME	
STREET ADDRESS	225 CHARLOTTE RD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	CAMDEN AR	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:

SIGNATURE REQUIRED

4-9-97 (813) 899-6702

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0077113

CR2E037 (9/96)

**ADDENDUM TO NON-PROFIT CORPORATION
ANNUAL REPORT - 1997**

FLORIDA COLLEGE, INC.

ITEM 13. LIST OF ADDITIONAL OFFICERS AND DIRECTORS

P.

**Dr. C.G. "Colly" Caldwell
301 Greencastle
Temple Terrace, FL 33716**

VC/D

**Mr. Fred Pollock
10199 Winstead Lane
Cincinnati, OH 45231**

AS/D

**Mr. John Roberts
12609 Selah Ranch Lane
Thonotosassa, FL 33592**

D

**Mr. Larry Coffey
504 Bedfordshire Road
Louisville, KY 40222**

D

**Mr. Paul Cook
1296 Underwood Court
Bowling Green, KY 42103**

D

**Dr. John Haley
315 McCord Road
Dothan, AL 36301**

D

**Mr. J. Vernon Hinely
1473 Montcalm Street
Orlando, FL 32806**

D

**Mr. J.L. (Les) Hodges
11771 Quail Creek Drive
Houston, TX 77070**

D

**Mr. C.T. Jones
1601 Gordon Lane
Lawrenceburg, TN 38464-3045**

D

**Mr. Maurice Romine
4 Ashbury Road
Huntsville, AL 35801**

D

**Mr. Andrew Whisenhunt
Route #1, Box #46
Bradley, AR 71826**