

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
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90015 024 ****70.00

DOCUMENT # 836512

1. Corporation Name

COLUMBIA COLLEGE (CORPORATION)

Principal Place of Business

1001 ROGERS
COLUMBIA MO 65216

Mailing Address

1001 ROGERS
COLUMBIA MO 65216



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

06/14/1976

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

4. FEI Number

43-0655867

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

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

81 Name

No Change

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

Orlando Executive Center

83

2600 Technology Dr. Suite 100

84

Orlando

FL

85 Zip Code

32804

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 ☐ DELETE
NAME SD
STREET ADDRESS GROSSNICKLE, DAISY
CITY-ST-ZIP 454 N CEDAR LK DR
COLUMBIA MO

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 3639 Augusta
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME P
STREET ADDRESS BROUDER, GERALD T.
CITY-ST-ZIP COLUMBIA COLLEGE, 1001 ROGERS
COLUMBIA MO

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

TITLE ☐ DELETE
NAME CD
STREET ADDRESS ATKINS, THOMAS
CITY-ST-ZIP P.O. BOX 756 N/A
COLUMBIA MO 65205

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

TITLE ☐ DELETE
NAME VCD
STREET ADDRESS TOLER, MARTY
CITY-ST-ZIP 1826 HIGHRISE DR
COLUMBIA MO

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME T
5.3 STREET ADDRESS Boyer, Bruce E
5.4 CITY-ST-ZIP 61409 Shoram Ct.
Columbia, MO 65203

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

B. SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bruce E Boyer 4-8-99 573-875-7251
Date Daytime Phone #

0081981

0020037 (11/99)