

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 713103

FILED
Mar 25, 2009
Secretary of State

Entity Name: EDWARD WATERS COLLEGE, INC.

Current Principal Place of Business:

1658 KINGS ROAD
JACKSONVILLE, FL 32209

New Principal Place of Business:

Current Mailing Address:

1658 KINGS ROAD
JACKSONVILLE, FL 32209

New Mailing Address:

FEI Number: 59-1146751

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRENNAN, MANNA & DIAMOND, P.L.
76 SOUTH LAURA ST.
STE. 2110
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

MITCHELL, RANDOLPH
EDWARD WATERS COLLEGE
1658 KINGS ROAD
JACKSONVILLE, FL 32209 US

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: RANDOLPH MITCHELL

03/25/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WILLIAMS, CLAUDETTE DR.
Address: 1658 KINGS ROAD
City-St-Zip: JACKSONVILLE, FL 32209

Title: VPD () Delete
Name: WASHBURN, JAMES DR
Address: 1658 KINGS ROAD
City-St-Zip: JACKSONVILLE, FL 32209

Title: SD () Delete
Name: ROSE, LAURA Z
Address: 7312 IRVING SCOTT DRIVE
City-St-Zip: JACKSONVILLE, FL 32209

Title: VCD () Delete
Name: MILNE, DOUG
Address: 4595 LEXINGTON AVE
City-St-Zip: JACKSONVILLE, FL 32210

Title: CD () Delete
Name: YOUNG, MCKINLEY BISHOP
Address: 101 EAST UNION STREET STE 301
City-St-Zip: JACKSONVILLE, FL 32202

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

DR.

03/25/2009

Electronic Signature of Signing Officer or Director

Date