

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 704352

FILED  
Apr 14, 2010  
Secretary of State

**Entity Name:** FLORIDA COLLEGE INC.

**Current Principal Place of Business:**

119 NORTH GLEN ARVEN AVE.  
TEMPLE TERRACE, FL 33617

**New Principal Place of Business:**

**Current Mailing Address:**

119 NORTH GLEN ARVEN AVE.  
TEMPLE TERRACE, FL 33617 US

**New Mailing Address:**

119 NORTH GLEN ARVEN AVE.  
TEMPLE TERRACE, FL 33617

**FEI Number:** 59-0737882

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** PAYNE, HARRY E JR  
**Address:** 119 NORTH GLEN ARVEN AVE  
**City-St-Zip:** TEMPLE TERRACE, FL 33617 US

**Title:** VP-A  
**Name:** NORTHCUTT, DOUGLAS  
**Address:** 119 NORTH GLEN ARVEN AVE  
**City-St-Zip:** TEMPLE TERRACE, FL 33617 US

**Title:** VP-O  
**Name:** GREIVING, PAUL  
**Address:** 119 N GLEN ARVEN AVENUE  
**City-St-Zip:** TEMPLE TERRACE, FL 33617 US

**Title:** C  
**Name:** COOK, PAUL B  
**Address:** 1296 UNDERWOOD COURT  
**City-St-Zip:** BOWLING GREEN, KY 42103 US

**Title:** S  
**Name:** COFFEY, LARRY R  
**Address:** 504 BEDFORDSHIRE ROAD  
**City-St-Zip:** LOUISVILLE, KY 40222 US

**Title:** T  
**Name:** NOWLIN, CHARLES F SR  
**Address:** 3856 TIMBERLINE WAY  
**City-St-Zip:** BIRMINGHAM, AL 35243 US

I hereby 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 all other like empowered.

**SIGNATURE:** HARRY E. PAYNE, JR.

DR.

04/14/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date