

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005689

FILED  
Apr 27, 2012  
Secretary of State

**Entity Name:** FLORIDA COUNCIL OF PRIVATE COLLEGES, INC.

**Current Principal Place of Business:**

3111-20 MAHAN DRIVE  
# 104  
TALLAHASSEE, FL 32308 US

**New Principal Place of Business:**

41 N. 20TH STREET, #17  
HAINES CITY, FL 338444638 US

**Current Mailing Address:**

3111-20 MAHAN DRIVE  
# 104  
TALLAHASSEE, FL 32308 US

**New Mailing Address:**

41 N. 20TH STREET, #17  
HAINES CITY, FL 338444638 US

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired (X)**

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

JOHNSON, ABE DR  
4085 BOTHWELL TERRACE  
TALLAHASSEE, FL 32317 US

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

LEE, EARLE E DR  
41 N. 20TH STREET, #17  
HAINES CITY, FL 338444638 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: DR. EARLE E. LEE

04/27/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: LEE, EARLE E DR  
Address: 41 N 20TH STREET, # 17  
City-St-Zip: HAINES CITY, FL 338444638

Title: D  
Name: JOHNSON, ABE DR  
Address: 4085 BOTHWELL TERRACE  
City-St-Zip: TALLAHASSEE, FL 323178548

Title: D  
Name: LAFFITTE, JOHN DR  
Address: 9353 SW 152 AVE.  
City-St-Zip: MIAMI, FL 33196

Title: ESQ.  
Name: NELSON, FREDERICK H  
Address: 11911 EGRET BLUFF  
City-St-Zip: CLERMONT, FL 34711

Title: D  
Name: RODRIGUEZ, BENNY DR.  
Address: 5950 LAKEHURST DR., SUITE 101  
City-St-Zip: ORLANDO, FL 32819

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: DR. EARLE E. LEE

P

04/27/2012

Electronic Signature of Signing Officer or Director

Date