

**2015 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N00000001525

**Entity Name:** EVERGLADES COLLEGE, INC.

**Current Principal Place of Business:**

1900 W. COMMERCIAL BLVD. SUITE 180  
FORT LAUDERDALE, FL 33309

**Current Mailing Address:**

1900 W COMMERCIAL BLVD  
STE 180, ATTN: ACCOUNTING  
FORT LAUDERDALE, FL 33309

**FEI Number:** 65-0216638

**Certificate of Status Desired:** No

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

WALDMAN, JAMES W  
1900 W COMMERCIAL BLVD  
SUITE 180  
FT LAUDERDALE, FL 33309 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VICE PRESIDENT  
Name KEISER, ARTHUR  
Address 1900 W COMMERCIAL BLVD STE 180  
City-State-Zip: FORT LAUDERDALE FL 33309

Title VICE PRESIDENT  
Name CROCITTO, PETER  
Address 1900 W COMMERCIAL BLVD STE 180  
City-State-Zip: FORT LAUDERDALE FL 33309

Title TRUSTEE, SECRETARY  
Name PERRY, CRAIG  
Address 825 CORAL RIDGE DRIVE  
City-State-Zip: CORAL SPRINGS FL 33071

Title TREASURER  
Name BERARDINELLI, JOSEPH  
Address 1900 W COMMERCIAL BLVD STE 180  
City-State-Zip: FORT LAUDERDALE FL 33309

Title PRESIDENT, TRUSTEE  
Name WALLICK, GREG  
Address 1600 NE 12 TERRACE  
City-State-Zip: FT LAUDERDALE FL 33305

Title TRUSTEE  
Name FRIONE, FRANK  
Address 1215 WALLACE DRIVE  
City-State-Zip: DELRAY BEACH FL 33444

Title TRUSTEE  
Name FOSTER, TOM  
Address 2640 NE 53 COURT  
City-State-Zip: LIGHTHOUSE POINT FL 33064

Title TRUSTEE  
Name SCOTT, THEA  
Address 2120 NW 47 AVENUE  
City-State-Zip: LAUDERHILL FL 33313

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*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: GREG WALLICK**

**PRESIDENT**

**01/26/2015**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title TRUSTEE  
Name HARROW, ANITA DR  
Address 10355 PARADISE BLVD  
APARTMENT 1008  
City-State-Zip: TREASURE ISLAND FL 33706

Title TRUSTEE  
Name KONDRACKI, MARIA  
Address 2500 N MILITARY TRAIL  
SUITE 300  
City-State-Zip: BOCA RATON FL 33431

Title TRUSTEE  
Name KENT, WILLIAM  
Address 5755 POWERLINE ROAD  
City-State-Zip: FT LAUDERDALE FL 33309