

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000005689

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

**Current Principal Place of Business:**

41 N. 20TH STREET, #17  
HAINES CITY, FL 33844-4638

**Current Mailing Address:**

41 N. 20TH STREET, #17  
HAINES CITY, FL 33844-4638 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

LEE, EARLE E DR  
41 N. 20TH STREET, #17  
HAINES CITY, FL 33844-4638 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

04/18/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name LEE, EARLE E DR  
Address 41 N 20TH STREET, # 17  
City-State-Zip: HAINES CITY FL 33844-4638

Title D  
Name BROWN, SANTARVIS DR  
Address 17531 NORTHWEST 47TH AVENUE  
City-State-Zip: MIAMI GARDENS FL 33055

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

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

Title D  
Name HUMPHREYS, DANIEL  
Address 25400 US HWY 19 NORTH, SUITE 150  
City-State-Zip: CLEARWATER FL 33763

*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

PRESIDENT

04/18/2016

Electronic Signature of Signing Officer/Director Detail

Date