DOCUMENT# N32493

Entity Name: BEACON COLLEGE, INC.

Current Principal Place of Business:

105 E. MAIN ST. LEESBURG, FL 34748

Current Mailing Address:

105 E. MAIN ST. LEESBURG, FL 34748

FEI Number: 59-2961536

Name and Address of Current Registered Agent:

VANCE, J. OTIS 105 E MAIN ST LEESBURG, FL 34748 US Certificate of Status Desired: Yes

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:	J. OTIS VANCE			03/14/2018			
	Electronic Signature of Registered Agent			Date			
Officer/Director Detail :							
Title	TRUSTEE	Title	TRUSTEE				
Name	MARINAKIS, EILEEN	Name	AVERBECK, DANIEL				
Address	34 VICTORIA LANE	Address	1629 CUMBERLAND AVENUE				
City-State-Zip:	OCEAN VIEW NJ 08230	City-State-Zip:	FT. WRIGHT KY 41011				
Title	TRUSTEE	Title	TRUSTEE, TREASURER				
Name	JUDGE, NANCY	Name	THOMPSON, HUGH W III				
Address	534 ELDER LANE	Address	5502 OSPREY ISLE LANE				
City-State-Zip:	WINNETKA IL 60093	City-State-Zip:	ORLANDA FL 32819				
Title	PRESIDENT	Title	TRUSTEE				
Name	HAGERTY, GEORGE J DR.	Name	YADAV, JAY DR.				
Address	105 E. MAIN ST.	Address	4660 RIVERVIEW ROAD				
City-State-Zip:	LEESBURG FL 34748	City-State-Zip:	ATLANTA GA 30327				
Title	СОВ	Title	VICE CHAIR				
Name	COBB, BRIAN T	Name	FLANAGAN, SARAH				
Address	815 FERNSHIRE DRIVE	Address	833 VILLA RIDGE ROAD				
City-State-Zip:	CENTERVILLE OH 45459	City-State-Zip:	FALLS CHURCH VA 22046				

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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.

CFO

Electronic Signature of Signing Officer/Director Detail

Date

FILED Mar 14, 2018 Secretary of State CC3311599655

Officer/Director Detail Continued :

Title	TRUSTEE	Title	TRUSTEE
Name	LATHAM, STEVE	Name	RESNICK, DEBBIE
Address	635 LAKE MEDLOCK COURT	Address	200 HIGHLAND ROAD
City-State-Zip:	JOHNS CREEK GA 30022	City-State-Zip:	BLAWNOX PA 15238-2147
Title	TRUSTEE	Title	SECRETARY
Name	ROSEN, POLA DR.	Name	CHANDLER, SHELLY DR.
Address	1100 PARK AVENUE	Address	105 E. MAIN STREET
City-State-Zip:	NEW YORK NY 10128	City-State-Zip:	LEESBURG FL 34748
Title	TRUSTEE	Title	CFO
Name	CHERRY, JONATHAN	Name	VANCE, J. OTIS
Address	6822 LAKE VIEW DRIVE	Address	105 E. MAIN ST.
City-State-Zip:	YALAHA FL 34797	City-State-Zip:	LEESBURG FL 34748
Title	TRUSTEE		
Name	HOROWITZ, SHELDON		

Address 20 HILLPARK AVENUE, 2B

City-State-Zip: GREAT NECK FL 11021