

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

SANSON, CALVIN
105 E MAIN ST
LEESBURG, FL 34748 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 TRUSTEE
Name WILLIAMS, RICHARD
Address 100 SINGING RIVER RANCH ROAD
City-State-Zip: EVERGREEN CO 80439

Title TRUSTEE
Name VINCENT, BRUCE
Address 740 SUMMERWOOD DRIVE
City-State-Zip: GOLDEN CO 80401

Title VC
Name SOMERSET, WILLIAM J
Address 4249 SCENIC VILLAGE DRIVE
City-State-Zip: EVERGREEN CO 80439

Title TRUSTEE
Name ZICCOLELLA, VINCENT
Address MARINER SANDS, 6205 IRONWOOD CIRCLE
City-State-Zip: STUART FL 34997

Title COB
Name MARINAKIS, EILEEN
Address 34 VICTORIA LANE
City-State-Zip: OCEAN VIEW NJ 08230

Title TRUSTEE
Name AVERBECK, DANIEL
Address 2307 KEMPER LANE
City-State-Zip: CINCINNATI OH 45206

Title SECRETARY, TREASURER
Name CHERRY, JONATHAN
Address P. O. BOX 491000
City-State-Zip: LEESBURG FL 34748

Title TRUSTEE
Name JUDGE, NANCY
Address 534 ELDER LANE
City-State-Zip: WINNETKA IL 60093

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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: CALVIN SANSON

V.P. FINANCE

04/15/2013

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date

Officer/Director Detail Continued :

Title TRUSTEE
Name KNOWLES, DAVID
Address 4120 CORLEY ISLAND ROAD
#100
City-State-Zip: LEESBURG FL 34748

Title TRUSTEE
Name WEISS, JOHN
Address 5907 CHARLESMEAD AVENUE
City-State-Zip: BALTIMORE MD 21212

Title OFFICER
Name SANSON, CALVIN
Address 105 E. MAIN STREET
City-State-Zip: LEESBURG FL 34748