

**2014 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:**BRIDGEMAN, ROBERT DR.  
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:** DR. ROBERT BRIDGEMAN

01/13/2014

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

TREASURER

01/13/2014

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

Title TRUSTEE  
Name THOMPSON, HUGH W III  
Address 602 MCKEAN STREET  
City-State-Zip: AUBURNDALE FL 33823

Title VP  
Name BRIDGEMAN, ROBERT DR.  
Address 105 E. MAIN ST.  
City-State-Zip: LEESBURG FL 34748

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

Title TRUSTEE  
Name LANGEVIN, THOMAS H DR.  
Address 900 TAMIANI TRAIL SOUTH,  
APT.318  
City-State-Zip: VENICE FL 34285

Title PRESIDENT  
Name HAGERTY, GEORGE J DR.  
Address 105 E. MAIN ST.  
City-State-Zip: LEESBURG FL 34748

Title EXECUTIVE SECRETARY  
Name SNYDER, TAMARA  
Address 105 E. MAIN ST.  
City-State-Zip: LEESBURG FL 34748