

**2021 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:**COBB, BRIAN  
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:** BRIAN COBB

01/26/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title TRUSTEE, CHAIRMAN  
Name AVERBECK, DANIEL  
Address 1629 CUMBERLAND AVENUE  
City-State-Zip: FT. WRIGHT KY 41011

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

Title TRUSTEE, TREASURER  
Name THOMPSON, HUGH W III  
Address 5502 OSPREY ISLE LANE  
City-State-Zip: ORLANDA FL 32819

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

Title TRUSTEE, VC  
Name FLANAGAN, SARAH  
Address 833 VILLA RIDGE ROAD  
City-State-Zip: FALLS CHURCH VA 22046

Title TRUSTEE  
Name RESNICK, DEBBIE  
Address 200 HIGHLAND ROAD  
City-State-Zip: BLAWNOX PA 15238-2147

Title TRUSTEE  
Name ROSEN, POLA DR.  
Address 1100 PARK AVENUE  
City-State-Zip: NEW YORK NY 10128

Title PROVOST  
Name CHANDLER, SHELLY DR.  
Address 105 E. MAIN STREET  
City-State-Zip: LEESBURG FL 34748

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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:** BRIAN COBB

CFO

01/26/2021

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title CFO  
Name COBB, BRIAN  
Address 105 E. MAIN ST.  
City-State-Zip: LEESBURG FL 34748

Title TRUSTEE  
Name GILL, JOHN R  
Address 1212 BURNING TREE LN  
City-State-Zip: WINTER PARK FL 32792

Title TRUSTEE  
Name GRIFFIN, MARK J DR.  
Address 187 SEASIDE AVE  
City-State-Zip: SACO ME 04072

Title TRUSTEE  
Name HOROWITZ, SHELDON  
Address 20 HILLPARK AVENUE, 2B  
City-State-Zip: GREAT NECK FL 11021

Title TRUSTEE  
Name UCEDA, CHARO  
Address 415 VINELAND AVE  
City-State-Zip: STATEN ISLAND NY 10312

Title TRUSTEE  
Name MOFFETT, ALFRED DR.  
Address 410 OAK HAMMOCK LN  
City-State-Zip: LEESBURG FL 34748