

2016 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

FILED
Mar 07, 2016
Secretary of State
CC7289629109

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

03/07/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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 TRUSTEE
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

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 PRESIDENT
Name HAGERTY, GEORGE J DR.
Address 105 E. MAIN ST.
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: CALVIN SANSON

TREASURER

03/07/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title TRUSTEE
Name YADAV, JAY DR.
Address 5585 CLAIRE ROSE LANE
City-State-Zip: ATLANTA GA 30327-4830

Title TRUSTEE
Name FLANAGAN, SARAH
Address 1025 CONNECTICUT AVE NW
City-State-Zip: WASHINGTON DC 20036

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

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

Title TRUSTEE
Name COBB, BRIAN T
Address 815 FERNSHIRE DRIVE
City-State-Zip: CENTERVILLE OH 45459

Title TRUSTEE
Name LATHAM, STEVE
Address 635 LAKE MEDLOCK COURT
City-State-Zip: JOHNS CREEK GA 30022

Title TRUSTEE
Name ROSEN, POLA DR.
Address 695 PARK AVENUE
SUITE E 1509
City-State-Zip: NEW YORK NY 10065