

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P13000008622

Entity Name: NAVIGANT COLLEGE ADVISORS INC.**Current Principal Place of Business:**1900 S. HARBOR CITY BLVD.
STE 318
MELBOURNE, FL 32901**Current Mailing Address:**1900 S. HARBOR CITY BLVD.
STE 318
MELBOURNE, FL 32901 US**FEI Number: APPLIED FOR****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHERRY FINANCIAL PARTNERS OF FLORIDA, LLC
1900 S. HARBOR CITY BLVD.
STE 318
MELBOURNE, FL 32901 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	PRESIDENT
Name	MARSHAL, JAMES C
Address	1900 S. HARBOR CITY BLVD. #318
City-State-Zip:	MELBOURNE FL 32901

Title	CEO
Name	KINDER, MARGARET M
Address	1900 S. HARBOR CITY BLVD. STE 318
City-State-Zip:	MELBOURNE FL 32901

Title	SECRETARY
Name	DOSSETT, JENNIFER
Address	1900 S. HARBOR CITY BLVD. STE 318
City-State-Zip:	MELBOURNE FL 32901

Title	TREASURER
Name	MARSHAL, JAMES C
Address	1900 S. HARBOR CITY BLVD. STE 318
City-State-Zip:	MELBOURNE FL 32901

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JAMES MARSHAL**PRESIDENT****03/19/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date