

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra G. Matham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 25 AM 9:17

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 330980

(4)

1. Corporation Name

SOUTHERN COLLEGE, INC.

Principal Place of Business

**5600 LAKE UNDERHILL ROAD
ORLANDO FL 32807-0647**

Mailing Address

**5600 LAKE UNDERHILL ROAD
ORLANDO FL 32807-0647**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/06/1968

3a. Date of Last Report

04/26/1994

4. FBI Number

59-1212281

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

6. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**PEOPLES, DAVID L.
233 ACADEMY DRIVE
KISSIMMEE FL 34744-5669**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P**
NAME **MOORE, DANIEL F**
STREET ADDRESS **1110 BAYSHORE CIRCLE**
CITY - ST - ZIP **LONGWOOD, FL 00000**

TITLE **CSD**
NAME **PEOPLES, DAVID L**
STREET ADDRESS **233 ACADEMY DRIVE**
CITY - ST - ZIP **KISSIMMEE, FL 00000**

TITLE **AS**
NAME **PEOPLES, PAUL T**
STREET ADDRESS **233 ACADEMY DRIVE**
CITY - ST - ZIP **KISSIMMEE, FL 00000**

TITLE **T**
NAME **WHITMAN, MYRON F.**
STREET ADDRESS **233 ACADEMY DRIVE**
CITY - ST - ZIP **KISSIMMEE FL**

TITLE **AS**
NAME **PEOPLES, ANNE W.**
STREET ADDRESS **233 ACADEMY DRIVE**
CITY - ST - ZIP **KISSIMMEE FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

David L. Peoples

DAVID L. PEOPLES

APR 12, 1995 847-4444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(Anytime 1 Year)