2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 700307

FILED Jaņ 1<u>0, 2</u>005 Secretary of State

Entity Name: ROLLINS COLLEGE ALUMNI ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

ROLLINS COLLEGE 1000 HOLT AVENUE, BOX 2736 WINTER PARK, FL 32789

New Mailing Address: Current Mailing Address:

ROLLINS COLLEGE 1000 HOLT AVENUE, BOX 2736 WINTER PARK, FL 32789

FEI Number: 59-0703842 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FRANCETIC, ELIZABETH D DIRECTO 1000 HOLT ÁVE-2736 WINTER PARK, FL 32789 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

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete METCALFE, TAYLOR METCALFE, TAYLOR Name: Name:

7 THOMAS COURT Address: 7 THOMAS COURT Address: City-St-Zip: CINCINNATI, OH 45246 City-St-Zip: CINCINNATI, OH 45246 US

Title: Title: (X) Change () Addition () Delete CALER, WILLIAM Name: STROMQUIST, DAVID Name:

Address: 234 DYER ROAD Address: 3828 DUMBARTON RD NW City-St-Zip: WEST PALM BEACH, FL 33405 City-St-Zip: ALTANTA, GA 30327 US

Title: () Delete Title: (X) Change () Addition PETERSON, MICHAEL PETERSON, MICHAEL Name: Name:

Address: 1271 LAY ROAD Address: 1271 LAY ROAD City-St-Zip: ST. LOUIS, MO 63124 ST. LOUIS, MO 63124 US

City-St-Zip:

() Delete (X) Change () Addition Title: Title: Name: VANDERLEE, PAMELA Name: CONLAN, KRISTIN 1048 HOWELL BRANCH RD Address: 13 LAKEVIEW RD Address:

WINTER PARK, FL 32789 US City-St-Zip: TUXEDO PARK, NY 10987 City-St-Zip:

Title: () Delete Title: (X) Change () Addition BLAIR, NELLER FANNON, RAYMOND Name: Name: 890 GEORGIA AVE 1977 POPPLEFORD LA Address: Address: City-St-Zip: WINTER PARK, FL 32789 City-St-Zip: ATLANTA, GA 30338 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ELIZABETH FRANCETIC D 01/10/2005