

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 28, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 700307**

1. Entity Name  
**ROLLINS COLLEGE ALUMNI ASSOCIATION, INC.**



Principal Place of Business  
**ROLLINS COLLEGE  
1000 HOLT AVENUE, BOX 2736  
WINTER PARK, FL 32789**

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



02102006 No Chg-NP

CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-0703842**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

1100000452404  
03/11/06-80024-025 61.25

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	METCALFE, TAYLOR
STREET ADDRESS	7 THOMAS COURT
CITY-ST-ZIP	CINCINNATI, OH 45246
TITLE	D
NAME	STROMQUIST, DAVID
STREET ADDRESS	3828 DUMBARTON RD NW
CITY-ST-ZIP	ALANTA, GA 30327
TITLE	D
NAME	PETERSON, MICHAEL
STREET ADDRESS	1271 LAY ROAD
CITY-ST-ZIP	ST. LOUIS, MO 63124
TITLE	D
NAME	CONLAN, KRISTIN
STREET ADDRESS	1048 HOWELL BRANCH RD
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	D
NAME	FANNON, RAYMOND
STREET ADDRESS	1977 POPPLEFORD LA
CITY-ST-ZIP	ATLANTA, GA 30338
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #