


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 22, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 701549					
1. Corporation Name NEW COLLEGE FOUNDATION, INCORPORATED					
Principal Place of Business 5700 N TAMiami TRAIL SARASOTA FL 34243-9197			Mailing Address 5700 N TAMiami TRAIL SARASOTA FL 34243-9197		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		10/17/1960	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-0911744	
24 Country		29 Country		30	
5. Certificate of Status Desired				<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
6. Election Campaign Financing				<input type="checkbox"/> Trust Fund Contribution	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HEISER, ROLLAND V 5700 NORTH TAMiami TRAIL SARASOTA FL 34243				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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Rolland V. Heiser Rolland V. Heiser, President 01/13/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	TRVC	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	VCTR	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	WOOD, ARTHUR M JR			1.2 NAME	Mason, Raymond E., Jr.		
STREET ADDRESS	1515 RINGLING BLVD			1.3 STREET ADDRESS	85 Sugar Mill Drive		
CITY-ST-ZIP	SARASOTA, FL 34236			1.4 CITY-ST-ZIP	Osprey, FL 34229		
TITLE	CTR	<input type="checkbox"/> DELETE		2.1 TITLE	TTR	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	GOLDSTEIN, ALFRED R			2.2 NAME	Peterson, J. Robert		
STREET ADDRESS	682 MOURNING DOVE DR			2.3 STREET ADDRESS	8128 Regents court		
CITY-ST-ZIP	SARASOTA FL			2.4 CITY-ST-ZIP	University Park, FL 34201		
TITLE	TTR	<input checked="" type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RAEBURN, VICKI P			3.2 NAME			
STREET ADDRESS	251 LORING AVE			3.3 STREET ADDRESS			
CITY-ST-ZIP	PELHAM NY			3.4 CITY-ST-ZIP			
TITLE	STR	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BAKER, BRADFORD B			4.2 NAME			
STREET ADDRESS	3108 CASEY KEY RD			4.3 STREET ADDRESS			
CITY-ST-ZIP	NOKOMIS FL			4.4 CITY-ST-ZIP			
TITLE	PTR	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HEISER, ROLLAND V			5.2 NAME			
STREET ADDRESS	5700 N TAMiami TRAIL			5.3 STREET ADDRESS			
CITY-ST-ZIP	SARASOTA FL			5.4 CITY-ST-ZIP			
TITLE	VCTR	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MISEMER, KENNETH R			6.2 NAME			
STREET ADDRESS	5645 NEBRASKA AVE			6.3 STREET ADDRESS			
CITY-ST-ZIP	NEW PORT RICHEY FL			6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Rolland V. Heiser Rolland V. Heiser, President 01/13/99 (941) 355-2991