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FILED

Mar 11 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS**DOCUMENT # 704016 (5)**

1. Corporation Name

**INTERNATIONAL COLLEGE FOUNDATION, INC.**

Principal Place of Business

Mailing Address

7855 126 AVE N  
S-F  
LARGO FL 34643  
US7855 126 AVE N  
S-F  
LARGO FL 33773-1651  
US3. Date Incorporated or Qualified  
**05/09/1962**3a. Date of Last Report  
**04/05/1996**

2. Principal Place of Business

21 **1685 Medical Lane**

2a. Mailing Address

26 **1685 Medical Lane**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Suite 200**27 **Suite 200**

City &amp; State

City &amp; State

23 **Fort Myers, Florida 33907**28 **Fort Myers, Florida 33907**

Zip

Country

Zip

Country

24 **33907-1157**25 **Lee**29 **33907-1157**30 **Lee**

9. Name and Address of Current Registered Agent

**JONES, DONALD C.**  
**7855 126 AVE N**  
**S-F**  
**LARGO FL 34643**

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETENAME **JONES, DONALD C**  
STREET ADDRESS **7855 126TH AV. N**  
CITY-ST-ZIP **LARGO FL**TITLE **CD** ☒ DELETENAME **DEVAUX, DOUGLAS**  
STREET ADDRESS **7855 126TH AVENUE NORTH**  
CITY-ST-ZIP **LARGO FL**TITLE **STD** ☒ DELETENAME **DEVAUX DOUGLAS**  
STREET ADDRESS **7855 126TH AVE. N.#G**  
CITY-ST-ZIP **LARGO FL**TITLE ☐ DELETENAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ DELETENAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ DELETENAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☐ Change ☒ Addition1.2 NAME **Dean Johnston**  
1.3 STREET ADDRESS **5266 Hollister Ave., Building 11**  
1.4 CITY-ST-ZIP **Santa Barbara, Ca 93111**2.1 TITLE **C, VP, D** ☒ Change ☐ Addition2.2 NAME **Douglas F. Deavux**  
2.3 STREET ADDRESS **7855 126th Avenue, North**  
2.4 CITY-ST-ZIP **Largo, Florida 34643**3.1 TITLE **S** ☐ Change ☒ Addition3.2 NAME **Gregory H. Jones**  
3.3 STREET ADDRESS **1685 Medical Lane**  
3.4 CITY-ST-ZIP **Ft. Myers, Florida 33907-1157**4.1 TITLE **T** ☐ Change ☒ Addition4.2 NAME **Sharon B. Jones**  
4.3 STREET ADDRESS **1685 Medical Lane**  
4.4 CITY-ST-ZIP **Ft. Myers, Florida 33907-1157**5.1 TITLE **D** ☐ Change ☒ Addition5.2 NAME **John Huston**  
5.3 STREET ADDRESS **1801 E. Kimberly Road**  
5.4 CITY-ST-ZIP **Davenport, Iowa 52807**6.1 TITLE ☐ Change ☐ Addition6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Donald C. Jones, February 27, 1997

(813) 864-3324 or (941) 939-4786 \* 0051784

CR2E037 (9/96)