

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 29 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 1685 MEDICAL LANE SUITE 200 FT. MYERS FL 33907-1157 US		Mailing Address 1685 MEDICAL LANE SUITE 200 FT. MYERS FL 33907-1157 US	
2. Principal Place of Business	2a. Mailing Address		
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.		
22 City & State	27 City & State		
23 Zip	28 Country		
24 Zip	29 Country		
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	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the 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.		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
SIGNATURE: [Signature] DATE: 1/5/98		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1. TITLE	
NAME	JONES, DONALD C	1. NAME	
STREET ADDRESS	7855 126TH AV. N	1. STREET ADDRESS	
CITY-ST-ZIP	LARGO FL	1. CITY-ST-ZIP	
TITLE	CVPD	2. TITLE	
NAME	DEVAUX, DOUGLAS	2. NAME	
STREET ADDRESS	7855 126TH AVENUE NORTH	2. STREET ADDRESS	
CITY-ST-ZIP	LARGO FL	2. CITY-ST-ZIP	
TITLE	S	3. TITLE	
NAME	JONES, GREGORY H.	3. NAME	
STREET ADDRESS	1685 MEDICAL LANE	3. STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	3. CITY-ST-ZIP	
TITLE	D	4. TITLE	
NAME	JOHNSTON, DEAN	4. NAME	
STREET ADDRESS	5266 HOLLISTER AVE, BLDG 11	4. STREET ADDRESS	
CITY-ST-ZIP	SANTA BARBARA CA	4. CITY-ST-ZIP	
TITLE	T	5. TITLE	
NAME	JONES, SHARON B.	5. NAME	
STREET ADDRESS	1685 MEDICAL LANE	5. STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	5. CITY-ST-ZIP	
TITLE	D	6. TITLE	
NAME	HUSTON, JOHN	6. NAME	
STREET ADDRESS	1801 E. KIMBERLY RD	6. STREET ADDRESS	
CITY-ST-ZIP	DAVENPORT FL	6. 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.		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.	
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CR2E037 (10/97)