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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 704016

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

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip Country

3. Date Incorporated or Qualified

05/09/1962

4. FEI Number
59-0972013

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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
NAME JONES, DONALD C
STREET ADDRESS 7855 126TH AV. N
CITY-ST-ZIP LARGO FL

TITLE CVPD
NAME DEVAUX, DOUGLAS
STREET ADDRESS 7855 126TH AVENUE NORTH
CITY-ST-ZIP LARGO FL

TITLE S
NAME JONES, GREGORY H.
STREET ADDRESS 1685 MEDICAL LANE
CITY-ST-ZIP FT MYERS FL

TITLE D
NAME JOHNSTON, DEAN
STREET ADDRESS 5266 HOLLISTER AVE, BLDG 11
CITY-ST-ZIP SANTA BARBARA CA

TITLE T
NAME JONES, SHARON B.
STREET ADDRESS 1685 MEDICAL LANE
CITY-ST-ZIP FT MYERS FL

TITLE D
NAME HUSTON, JOHN
STREET ADDRESS 1801 E. KIMBERLY RD
CITY-ST-ZIP DAVENPORT FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE January 11, 1999 (727) 864-3224
Daytime Phone #

CR2E037 (1/98)