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Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90158 034 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 704352

1. Corporation Name
FLORIDA COLLEGE INC.

Principal Place of Business
119 GLEN ARVEN AVE.
TEMPLE TERRACE FL 33617

Mailing Address
119 GLEN ARVEN AVE.
TEMPLE TERRACE FL 33617



21. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	07/31/1962
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-0737882
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>
24	29	\$8.75 Additional Fee Required
25	30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
		\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

HAMMONTREE, WILLIAM C.
301 MIDLOTHIAN AVE.
TEMPLE TERRACE FL 33617

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] NO CHANGE

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	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRITT, W.E.	1.2 NAME	
STREET ADDRESS	3203 W. THONOTOSASSA RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL	1.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FIELDING, VERL	2.2 NAME	
STREET ADDRESS	1816-17TH ST., WEST	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALMETTO FL	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMMONTREE, WILLIAM C.	3.2 NAME	
STREET ADDRESS	301 MIDLOTHIAN AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	TEMPLE TERR. FL	3.4 CITY-ST-ZIP	
TITLE	CD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARMON, ROBERT E	4.2 NAME	
STREET ADDRESS	309 JOHNSTON DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	RAYMORE MO	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HASTINGS, S.C.	5.2 NAME	
STREET ADDRESS	1173 W. ROBERTS RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	CANTONMENT FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENDERSON, HERBERT R.	6.2 NAME	
STREET ADDRESS	225 CHARLOTTE RD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	CAMDEN AR	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, on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature] **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-99

(813) 899-6702

Date

Daytime Phone #

CR2E037 (1/98)

704352
389809-9058-34

ADDENDUM TO NON-PROFIT CORPORATION
ANNUAL REPORT - 1999

FLORIDA COLLEGE, INC.

ITEM 13. LIST OF ADDITIONAL OFFICERS AND DIRECTORS

P

Caldwell, Dr. C. G. "Colly"
301 Greencastle
Temple Terrace, FL 33716

AS/D

Roberts, John
12609 Selah Ranch Lane
Thonotosassa, FL 33592

D

Cook, Paul
1296 Underwood Court
Bowling Green, KY 42103

D

Hayes, A. Wallace
298 South Main
Andover, MA 01810

D

Hodges, J. L. (Les)
11771 Quail Creek Drive
Houston, TX 77070

D

Romine, Maurice
4 Ashbury Road
Huntsville, AL 35801

VC/D

Pollock, Fred
10199 Winstead Lane
Cincinnati, OH 45231

D

Coffey, Larry
504 Bedfordshire Road
Louisville, KY 40222

D

Haley, Dr. John
315 McCord Road
Dothan, AL 36301

D

Hinely, J. Vernon
1473 Montcalm Street
Orlando, FL 32806

D

Jones, C. T.
1601 Gordon Lane
Lawrenceburg, TN 38464-3045

D

Whisenhunt, Andrew
Route #1, Box 46
Bradley, AR 71826