

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 13, 2007 8:00 am**  
**Secretary of State**

03-13-2007 90014 024 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                              |                                                                                     |                                                                                  |                                                                                                                                                                                                                                       |                                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| <b>DOCUMENT # 704352</b><br>1. Entity Name<br><b>FLORIDA COLLEGE INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                              |                                                                                     |                                                                                  |                                                                                                                                                      |                                                        |
| Principal Place of Business<br><b>119 NORTH GLEN ARVEN AVE.<br/>TEMPLE TERRACE, FL 33617</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                              |                                                                                     | Mailing Address<br><b>119 NORTH GLEN ARVEN AVE.<br/>TEMPLE TERRACE, FL 33617</b> |                                                                                                                                                                                                                                       |                                                        |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                              | 3. Mailing Address                                                                  |                                                                                  |                                                                                                                                                                                                                                       |                                                        |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                              | Suite, Apt. #, etc.                                                                 |                                                                                  |                                                                                                                                                                                                                                       |                                                        |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                              | City & State                                                                        |                                                                                  |                                                                                                                                                                                                                                       |                                                        |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Country                                                                                                                                      | Zip                                                                                 | Country                                                                          | 4. FEI Number<br><b>59-0737882</b>                                                                                                                                                                                                    |                                                        |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                              |                                                                                     |                                                                                  | Applied For<br><input type="checkbox"/> Not Applicable                                                                                                                                                                                |                                                        |
| 6. Name and Address of Current Registered Agent<br><br><b>HAMMONTREE, WILLIAM C.<br/>301 MIDLOTHIAN AVE.<br/>TEMPLE TERRACE, FL 33617</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                              |                                                                                     |                                                                                  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |                                                        |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                              |                                                                                     |                                                                                  |                                                                                                                                                                                                                                       |                                                        |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small> <div style="float: right;">DATE _____</div>                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                              |                                                                                     |                                                                                  |                                                                                                                                                                                                                                       |                                                        |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2007</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                              | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |                                                                                  | <b>\$5.00 May Be<br/>Added to Fees</b>                                                                                                                                                                                                |                                                        |
| <b>Make check payable to<br/>Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                              |                                                                                     |                                                                                  |                                                                                                                                                                                                                                       |                                                        |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                              |                                                                                     | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                     |                                                                                                                                                                                                                                       |                                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>P</b><br><b>CALDWELL, CHARLES G</b><br><b>119 NORTH GLEN ARVEN AVE</b><br><b>TEMPLE TERRACE, FL 33617</b> <input type="checkbox"/> Delete |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                     |                                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>VP</b><br><b>PYANE, H.E. JR</b><br><b>119 NORTH GLEN ARVEN AVE</b><br><b>TEMPLE TERRACE, FL 33617</b> <input type="checkbox"/> Delete     |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                   | <b>PAYNE</b><br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                          |                                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>C</b><br><b>COOK, PAUL B</b><br><b>1296 UNDERWOOD COURT</b><br><b>BOWLING GREEN, KY 42103</b> <input type="checkbox"/> Delete             |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                     |                                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>S</b><br><b>COFFEY, LARRY R</b><br><b>504 BEDFORDSHIRE ROAD</b><br><b>LOUISVILLE, KY 40222</b> <input type="checkbox"/> Delete            |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                     |                                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>T</b><br><b>JONES, CHARLES T</b><br><b>1601 GORDON LANE</b><br><b>LAWRENCEBURG, TN 384643045</b> <input type="checkbox"/> Delete          |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                     |                                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>AT</b><br><b>SMITH, JAMES W</b><br><b>487 STONE BLUFF LANE</b><br><b>ALVATON, KY 42122</b> <input type="checkbox"/> Delete                |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                     |                                                        |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |                                                                                                                                              |                                                                                     |                                                                                  |                                                                                                                                                                                                                                       |                                                        |
| <b>SIGNATURE</b> <i>Charles G Caldwell</i><br><small>SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                              |                                                                                     | <b>3-9-07</b><br><small>Date</small>                                             |                                                                                                                                                                                                                                       | <b>(813)899-6702</b><br><small>Daytime Phone #</small> |

# ATTACHMENT

## 40034777

**FLORIDA COLLEGE, INC.**  
**2007 Not-for-Profit Corporation**  
**Annual Report**  
**Corporate #704352**

### **Officers and Directors:**

#### **Officers**

**Charles G. "Colly" Caldwell, III – (P)**  
119 N. Glen Arven Avenue  
Temple Terrace, FL 33617

**H. E. "Buddy" Payne, Jr. – (VP)**  
119 N. Glen Arven Avenue  
Temple Terrace, FL 33617

#### **Officers/Directors**

**Paul B. Cook -- (Chairman/D)**  
1296 Underwood Court  
Bowling Green, KY 42103

**Dr. David M. Cooper – (Vice Chairman/D)**  
1030 Narciso Court  
San Jose, CA 95129-3027

**Larry R. Coffey – (Secretary/D)**  
504 Bedfordshire Road  
Louisville, KY 40222

**Charles T. Jones -- (Treasurer/D)**  
1601 Gordon Lane  
Lawrenceburg, TN 38464-3045

**Dr. J. Bradley Cavender – (Asst. Secy./D)**  
1894 Shades Crest Road  
Birmingham, AL 35216

**James W. Smith – (Asst. Treas./D)**  
487 Stone Bluff Lane  
Alvaton, KY 42122

**Olen E. Britnell – (D)**  
P. O. Box 767  
Madison, AL 35758-0767

**Daniel N. Burton – (D)**  
18909 Avenue Biarritz  
Lutz, FL 33558

**William C. Hammontree – (D)**  
301 Midlothian Avenue  
Temple Terrace, FL 33617

**Dr. A. Wallace Hayes – (D)**  
298 South Main Street  
Andover, MA 01810

**Herbert R. Henderson – (D)**  
225 Charlotte Road  
Camden, AR 71701

**Danny L. Littell – (D)**  
563 Northfield Road  
Plainfield, IN 46168

**Bill E. Murff – (D)**  
15204 Bohemian Hall Road  
Crosby, TX 77532

**Maurice G. Romine – (D)**  
107 Cliftmerc Place  
Madison, AL 35758

**Tim A. Slone – (D)**  
725 Argyle Place  
Temple Terrace, FL 33617

**William T. Smith – (D)**  
6623 McRaes Road  
Warrenton, VA 20187-7156

**Stephen T. Wilsher – (D)**  
2304 McEl Avenue  
Fultondale, AL 35068