

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 705762 (3)

1. Corporation Name

LYNN UNIVERSITY, INC.

FILED  
DIVISION OF CORPORATIONS  
MAY 10 1995  
TALLAHASSEE, FLORIDA  
55 FEB -6 PM 12:20

Principal Place of Business

Mailing Address

3501 N MILITARY TRAIL  
BOCA RATON FL 33431

3601 N MILITARY TRAIL  
BOCA RATON FL 33431

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/14/1963  
3a. Date of Last Report 03/08/1994

4. FEI Number 59-1023117  
Applied For Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROSS, DONALD E. DR.  
LYNN UNIVERSITY  
MILITARY TRAIL  
BOCA RATON FL 33431

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	ROSS, DONALD E
STREET ADDRESS	150 NE 5TH AVE.
CITY- ST- ZIP	BOCA RATON FL
TITLE	D
NAME	LYNN, EUGENE M
STREET ADDRESS	565 ALEXANDER PALM RD
CITY- ST- ZIP	BOCA RATON FL
TITLE	TD
NAME	LANDGREN, ARTHUR
STREET ADDRESS	5191 TENNIS LANE
CITY- ST- ZIP	DELRAY BCH FL
TITLE	D
NAME	MORTIMER, JOHN
STREET ADDRESS	611 PLUM RUN DR.
CITY- ST- ZIP	WESTCHESTER PA
TITLE	<del>BB</del>
NAME	<del>MCGUSKER, RICHARD P.</del>
STREET ADDRESS	<del>1500 G. OCEAN BLVD.</del>
CITY- ST- ZIP	<del>BOCA RATON FL</del>
TITLE	VPS
NAME	CARVILLE, GERALD D
STREET ADDRESS	2156 ACORN PALM DR.
CITY- ST- ZIP	BOCA RATON FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	CD
5.3 STREET ADDRESS	CARVILLE, HUGH
5.4 CITY- ST- ZIP	KNOX AVENUE JOHNSTOWN, NY
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Donald E. Ross* President/Director 1/25/95 (407) 994-  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR Date Daytime Phone # 1029