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Mar 26 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 705762 (3)

1. Corporation Name

LYNN UNIVERSITY, INC.

Principal Place of Business

Mailing Address

3601 N MILITARY TRAIL  
BOCA RATON FL 334313601 N MILITARY TRAIL  
BOCA RATON FL 33431-55073. Date Incorporated or Qualified  
06/14/19633a. Date of Last Report  
01/31/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

59-1023117

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution\$5.00 May Be  
Added to Fees8. 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 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME ROSS, DONALD E  
STREET ADDRESS 150 NE 5TH AVE.  
CITY - ST - ZIP BOCA RATON FL1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIPTITLE D  
NAME LYNN, EUGENE M  
STREET ADDRESS 565 ALEXANDER PALM RD  
CITY - ST - ZIP BOCA RATON FL2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIPTITLE TD  
NAME LANDGREN, ARTHUR  
STREET ADDRESS 5191 TENNIS LANE  
CITY - ST - ZIP DELRAY BCH FL3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIPTITLE D  
NAME MORTIMER, JOHN  
STREET ADDRESS 611 PLUM RUN DR.  
CITY - ST - ZIP WESTCHESTER PA4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIPTITLE CD  
NAME CARVILLE, HUGH  
STREET ADDRESS KNOX AVENUE  
CITY - ST - ZIP JOHNSTOWN NY5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIPTITLE VPS  
NAME CARVILLE, GERALD D  
STREET ADDRESS 2156 ACORN PALM DR.  
CITY - ST - ZIP BOCA RATON FL6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

14. I do 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.

SIGNATURE:

March 20, 1997

CR2E037 (9/96)