

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**FILED**  
**Apr 14, 1999 8:00 am**  
**Secretary of State**

04-14-1999 90175 009 \*\*\*\*70.00

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**DOCUMENT # 705762**

1. Corporation Name

**LYNN UNIVERSITY, INC.**

Principal Place of Business

**3601 N MILITARY TRAIL  
BOCA RATON FL 33431**

Mailing Address

**3601 N MILITARY TRAIL  
BOCA RATON FL 33431**



2. Principal Place of Business

**21**  
Suite, Apt. #, etc.

**22**  
City & State

**23**  
Zip Country

**24**  
**25**

2a. Mailing Address

**26**  
Suite, Apt. #, etc.

**27**  
City & State

**28**  
Zip Country

**29**  
**30**

3. Date Incorporated or Qualified

**06/14/1963**

4. FEI Number

**59-1023117**

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

**ROSS, DONALD E. DR.  
LYNN UNIVERSITY  
3601 N MILITARY TRAIL  
BOCA RATON FL 33431**

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 ☐ DELETE

NAME **PD**  
STREET ADDRESS **ROSS, DONALD E**  
CITY-ST-ZIP **150 NE 5TH AVE.  
BOCA RATON FL**

TITLE ☐ DELETE

NAME **D**  
STREET ADDRESS **LYNN, EUGENE M**  
CITY-ST-ZIP **565 ALEXANDER PALM RD  
BOCA RATON FL**

TITLE ☐ DELETE

NAME **TD**  
STREET ADDRESS **LANDGREN, ARTHUR**  
CITY-ST-ZIP **5191 TENNIS LANE  
DELRAY BCH FL**

TITLE ☐ DELETE

NAME **D**  
STREET ADDRESS **MORTIMER, JOHN**  
CITY-ST-ZIP **611 PLUM RUN DR.  
WESTCHESTER PA**

TITLE ☐ DELETE

NAME **CD**  
STREET ADDRESS **CARVILLE, HUGH**  
CITY-ST-ZIP **KNOX AVENUE  
JOHNSTOWN NY**

TITLE ☐ DELETE

NAME **VPS**  
STREET ADDRESS **CARVILLE, GERALD D**  
CITY-ST-ZIP **2156 ACORN PALM DR.  
BOCA RATON FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME **P/Tr**  
1.3 STREET ADDRESS **Donald E. Ross**  
1.4 CITY-ST-ZIP **16083 Via Monteverde  
Delray Beach, FL 33446**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME **Tr**  
2.3 STREET ADDRESS **Eugene M. Lynn**  
2.4 CITY-ST-ZIP **565 Alexander Palm Road  
Boca Raton, FL 33432**

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME **TTr**  
3.3 STREET ADDRESS **Arthur E. Landgren**  
3.4 CITY-ST-ZIP **2707 S. W. 6th Street  
Delray Beach, FL 33445**

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME **Tr**  
4.3 STREET ADDRESS **John Mortimer**  
4.4 CITY-ST-ZIP **2625 Concord Pike  
Wilmington, DE 19803**

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME **C/Tr**  
5.3 STREET ADDRESS **Hugh Carville**  
5.4 CITY-ST-ZIP **Knox Ave.  
Johnstown, NY 12095**

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME **V/S**  
6.3 STREET ADDRESS **Gerald D. Carville**  
6.4 CITY-ST-ZIP **2156 Acorn Palm Road  
Boca Raton, FL 33432**

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**

**4/7/99 (561) 237-7181**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)