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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

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		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		06/14/1963	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1023117	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		29	
24		30		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ROSS, DONALD E. DR. LYNN UNIVERSITY 3601 N MILITARY TRAIL BOCA RATON FL 33431				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	P/Tr <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSS, DONALD E	1.2 NAME	Donald E. Ross
STREET ADDRESS	150 NE 5TH AVE.	1.3 STREET ADDRESS	16083 Via Monteverde
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	Delray Beach, FL 33446
TITLE	D	2.1 TITLE	Tr <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYNN, EUGENE M	2.2 NAME	Eugene M. Lynn
STREET ADDRESS	565 ALEXANDER PALM RD	2.3 STREET ADDRESS	565 Alexander Palm Road
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	Boca Raton, FL 33432
TITLE	TD	3.1 TITLE	TTr <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANDGREN, ARTHUR	3.2 NAME	Arthur E. Landgren
STREET ADDRESS	5191 TENNIS LANE	3.3 STREET ADDRESS	2707 S. W. 6th Street
CITY-ST-ZIP	DELRAY BCH FL	3.4 CITY-ST-ZIP	Delray Beach, FL 33445
TITLE	D	4.1 TITLE	Tr <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORTIMER, JOHN	4.2 NAME	John Mortimer
STREET ADDRESS	611 PLUM RUN DR.	4.3 STREET ADDRESS	2625 Concord Pike
CITY-ST-ZIP	WESTCHESTER PA	4.4 CITY-ST-ZIP	Wilmington, DE 19803
TITLE	CD	5.1 TITLE	C/Tr <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARVILLE, HUGH	5.2 NAME	Hugh Carville
STREET ADDRESS	KNOX AVENUE	5.3 STREET ADDRESS	Knox Ave.
CITY-ST-ZIP	JOHNSTOWN NY	5.4 CITY-ST-ZIP	Johnstown, NY 12095
TITLE	VPS	6.1 TITLE	V/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARVILLE, GERALD D	6.2 NAME	Gerald D. Carville
STREET ADDRESS	2156 ACORN PALM DR.	6.3 STREET ADDRESS	2156 Acorn Palm Road
CITY-ST-ZIP	BOCA RATON FL	6.4 CITY-ST-ZIP	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]* SIGNATURE REQUIRED Date: 4/7/99 (561) 237-7181 Daytime Phone #

CRZE037 (11/98)