

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 708563

FILED
Apr 12, 2008
Secretary of State

Entity Name: INDEPENDENT COLLEGES AND UNIVERSITIES OF FLORIDA, INC.

Current Principal Place of Business:

542 EAST PARK AVE.
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

542 EAST PARK AVE.
TALLAHASSEE, FL 32301

New Mailing Address:

FEI Number: 23-7424052

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOYD, ROBERT J ESQ
SACHS & SAX
310 WEST COLLEGE AVENUE, 3RD FLOOR
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: MD () Delete
Name: MOORE, ED H
Address: 542 EAST PARK AVENUE
City-St-Zip: TALLAHASSEE, FL 32301

Title: CD () Delete
Name: KIRK, ARTHUR F DR
Address: 33701 STATE ROAD 52, MC2187
City-St-Zip: SAINT LEO, FL 335746665

Title: SD () Delete
Name: CATANESE, ANTHONY J DR
Address: 150 WEST UNIVERSITY BOULEVARD
City-St-Zip: MELBOURNE, FL 329016988

Title: VCD () Delete
Name: CASALE, FRANKLYN M REV
Address: 16401 NW 37 AVENUE
City-St-Zip: MIAMI GARDENS, FL 330546498

Title: TD () Delete
Name: ABARE, WILLIAM T JR
Address: 74 KING STREET
City-St-Zip: ST AUGUSTINE, FL 320851027

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ED H. MOORE

MD

04/12/2008

Electronic Signature of Signing Officer or Director

Date