

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 708563

FILED
Jan 25, 2011
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 CAPLAN LAW FIRM
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
Name: MOORE, ED H DR.
Address: 542 EAST PARK AVENUE
City-St-Zip: TALLAHASSEE, FL 32301

Title: TD
Name: KIBBE REED, TRUDIE DR
Address: 640 DR. MARY MCLEOD BETHUNE BOULEVARD
City-St-Zip: DAYTONA BEACH, FL 321143099

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

Title: VCD
Name: ABARE, WILLIAM T JR
Address: 74 KING STREET
City-St-Zip: ST AUGUSTINE, FL 320844302

Title: SD
Name: THOMPSON, LARRY R DR
Address: 2700 NORTH TAMIAMI TRAIL
City-St-Zip: SARASOTA, FL 342345895

I hereby 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 all other like empowered.

SIGNATURE: EDWIN H. MOORE, PH.D.

MD

01/25/2011

Electronic Signature of Signing Officer or Director

Date