

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **710598** (4)

1. Corporation Name
WEBBER COLLEGE, INC.



Principal Place of Business: P.O. BOX 96, BABSON PARK FL 33827
Mailing Address: P.O. BOX 96, BABSON PARK FL 33827

3. Date Incorporated or Qualified: **03/25/1966**
3a. Date of Last Report: **09/25/1995**

| | | | | | | |
|----|--------------------------------|----|---------------------|----|--|---|
| 21 | 2. Principal Place of Business | 2a | Mailing Address | 4. | FEI Number | Applied For |
| | Surte, Apt. #, etc. | | Suite, Apt. #, etc. | | 59-2139553 | Not Applicable |
| 22 | City & State | 27 | City & State | 5. | Certificate of Status Desired | <input type="checkbox"/> \$8.75 Additional Fee Required |
| 23 | Zip | 28 | Zip | 6. | Election Campaign Financing Trust Fund Contribution | <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 24 | Country | 29 | Country | 8. | This corporation has liability for intangible tax under s. 199.032, Florida Statutes | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

| | | | | | | | |
|---|--|--|--|--|--|----|----|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| YENTES, REX R. WEBBER COLLEGE INC 1201 ALT 27 SOUTH BABSON PARK FL 33827 | | | | 81 | Name | | |
| | | | | 82 | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | | 83 | | | |
| | | | | 84 | City | FL | 85 |

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|--|
| TITLE | CD <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | REAGIN, LES III | 1.2 NAME | |
| STREET ADDRESS | WEBBER COLLEGE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | BABSON PARK FL 33827 | 1.4 CITY-ST-ZIP | |
| TITLE | P <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | YENTES, REX R | 2.2 NAME | |
| STREET ADDRESS | WEBBER COLLEGE | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | BABSON PARK FL 33827 | 2.4 CITY-ST-ZIP | |
| TITLE | T <input checked="" type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | LOGSDON, JOHN | 3.2 NAME | T BEVERLY A. YARBOROUGH |
| STREET ADDRESS | WEBBER COLLEGE | 3.3 STREET ADDRESS | WEBBER COLLEGE |
| CITY-ST-ZIP | BABSON PARK FL 33827 | 3.4 CITY-ST-ZIP | BABSON PARK, FL 33827 |
| TITLE | SD <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ROSE, ROGER | 4.2 NAME | |
| STREET ADDRESS | WEBBER COLLEGE | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | BABSON PARK FL 33827 | 4.4 CITY-ST-ZIP | |
| TITLE | D <input checked="" type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | NEWMAN, DENNIS | 5.2 NAME | D HARRY LAMBERT |
| STREET ADDRESS | WEBBER COLLEGE | 5.3 STREET ADDRESS | WEBBER COLLEGE |
| CITY-ST-ZIP | BABSON PARK FL | 5.4 CITY-ST-ZIP | BABSON PARK, FL 33827 |
| TITLE | D <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MCCLENDON, JAMES | 6.2 NAME | |
| STREET ADDRESS | WEBBER COLLEGE | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | BABSON PARK FL 33827 | 6.4 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Rex R. Yentes* 01/22/96 941-638-2940
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)