

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 26, 2004 8:00 am
Secretary of State

07-26-2004 90009 007 ****70.00

DOCUMENT # 710598

1. Entity Name
WEBBER INTERNATIONAL UNIVERSITY, INC.



Principal Place of Business

% REX YENTES
P.O. BOX 96
BABSON PARK, FL 33827

Mailing Address

% REX YENTES
P.O. BOX 96
BABSON PARK, FL 33827

44049894



07042004 No Chg-NP

CR2E037 (10/03)

4. FEI Number
59-2139553

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

YENTES, REX R.
WEBBER COLLEGE INC
1201 ALT 27 SOUTH
BABSON PARK, FL 33827

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	REAGIN, LES
STREET ADDRESS	WEBBER COLLEGE
CITY-ST-ZIP	BABSON PARK, FL
TITLE	P
NAME	YENTES, REX R
STREET ADDRESS	WEBBER COLLEGE
CITY-ST-ZIP	BABSON PARK, FL 33827
TITLE	T
NAME	GERARD, PRISCILLA
STREET ADDRESS	WEBBER COLLEGE
CITY-ST-ZIP	BABSON PARK, FL 33827
TITLE	S
NAME	MACCALLUM, DUNCAN
STREET ADDRESS	5040 LAKE PIERCE DR
CITY-ST-ZIP	LAKE WALES, FL 33853
TITLE	D
NAME	ROSE, ROGER
STREET ADDRESS	WEBBER COLLEGE
CITY-ST-ZIP	BABSON PARK, FL 33827

**DO NOT WRITE
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/4/04

163-638-2943