

FILE NOW: FILING FEE IS \$61.25

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1997 MAY -1 PM 4: 42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 713103 (0)

1. Corporation Name
EDWARD WATERS COLLEGE, INC.



Principal Place of Business 1658 KINGS RD. JACKSONVILLE FL 32209	Mailing Address 112 WEST ADAMS ST 1814 JACKSONVILLE FL 32202-3837
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3. Date Incorporated or Qualified 07/24/1967	3a. Date of Last Report 05/01/1996
4. FEI Number 59-1146751	Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 1658 Kings Road Suite, Apt. #, etc.	2a. Mailing Address 26 40 East State Street Suite, Apt. #, etc.
City & State 23 Jacksonville, FL	City & State 28 Jacksonville, FL
Zip 24 32209	Country 25
Zip 29 32202	Country 30

9. Name and Address of Current Registered Agent

**PARKER, AVA L.
112 WEST ADAMS STREET
1814
JACKSONVILLE FL 32202**

10. Name and Address of New Registered Agent

81 Name
Parker, Ava L.

82 Street Address (P.O. Box Number is Not Acceptable)
603 N. Market Street

83

84 City
Jacksonville **FL**

85 Zip Code
32202

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		
TITLE	CD	<input type="checkbox"/> DELETE
NAME	CUMMINGS, FRANK C	
STREET ADDRESS	11857 HONEY LOCUST DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32223	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	FRAZIER, L J	
STREET ADDRESS	1331 E CROSS ST	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WILSON, RALPH	
STREET ADDRESS	ROUTE 4, BOX 1590	
CITY-ST-ZIP	MADISON FL 32340	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KENNON, LEROY	
STREET ADDRESS	8029 CLOVERGLENN CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32818	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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14. I do 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.

Frank Cummings 1/2/97 201 266 0712

CR2E037 (9/96)