

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Apr 14, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 713669</b> 1. Entity Name <b>WEBBER COLLEGE ALUMNI ASSOCIATION, INC.</b>					
Principal Place of Business <b>1201 SCENIC HWY N POB 96 BABSON PK FL 33827 US</b>			Mailing Address <b>1201 SCENIC HWY N POB 96 BABSON PK FL 33827 US</b>		
2. Principal Place of Business  Suite, Apt. #, etc.			3. Mailing Address  Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-6201220</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>HEATH, BILL 1201 N SCENIC HWY PO BOX 96 BABSON PARK FL 33827</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE <u>BILL HEATH</u> <small>Signature, typed or printed name of registered agent and title if applicable</small>				<u>Bill Heath</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW: FEE IS \$61.25 Due By May 1, 2005				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
\$5.00 May Be Added to Fees				Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T BELLINGHAM, PAUL 8 ABBEY CRT GRENLEFE FL 33844	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S COLON, YADIRA 2710 FDC GROVE RD DAVENPORT FL 33837	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PRASAD, SAMEER P.O. BOX 955 BABSON PARK FL 33827	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HEATH, STELLA P.O. BOX 166 BABSON PARK FL 33827	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D YONDONIS, MICHELLE P.O. BOX 3934 LAKE WALER FL 33859-3934	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WRIGHT, RICK P.O. BOX 96 BABSON PARK FL 33827	<input type="checkbox"/> Delete			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY - ST - ZIP					
U000000305891 04/14/05-80104-019 61.25					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>[Signature]</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
02-28-05 863-638-2918					
Date Daytime Phone #					



1st MOORE CR2E037 (10/04)