

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 08, 2006 08:00 A**  
**Secretary of State**

**DOCUMENT # 713669**

1. Entity Name  
**WEBBER COLLEGE ALUMNI ASSOCIATION, INC.**



Principal Place of Business

**1201 SCENIC HWY N  
POB 96  
BABSON PK, FL 33827 US**

Mailing Address

**1201 SCENIC HWY N  
POB 96  
BABSON PK, FL 33827 US**



05032006 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**59-6201220**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**HEATH, BILL  
1201 N SCENIC HWY  
PO BOX 96  
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

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

(NOTE: Registered Agent signature required when reinstating)

**05/05/06**  
DATE

**Filing Fee is \$61.25  
Due by September 8, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	BELLINGHAM, PAUL
STREET ADDRESS	8 ABBEY CRT
CITY-ST-ZIP	GRENFLEFE, FL 33844
TITLE	S
NAME	COLON, YADIRA
STREET ADDRESS	2710 FDC GROVE RD
CITY-ST-ZIP	DAVENPORT, FL 33837
TITLE	D
NAME	PRASAD, SAMEER
STREET ADDRESS	P.O. BOX 955
CITY-ST-ZIP	BABSON PARK, FL 33827
TITLE	P
NAME	HEATH, STELLA
STREET ADDRESS	P.O. BOX 166
CITY-ST-ZIP	BABSON PARK, FL 33827
TITLE	D
NAME	YONDONIS, MICHELLE
STREET ADDRESS	P.O. BOX 3934
CITY-ST-ZIP	LAKE WALER, FL 338593934
TITLE	D
NAME	WRIGHT, RICK
STREET ADDRESS	P.O. BOX 96
CITY-ST-ZIP	BABSON PARK, FL 33827

U000000564327  
05/20/06-80058-011 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**05-01-06 83-638-2941**