


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 24, 2007 8:00 am**  
**Secretary of State**

01-24-2007 90016 034 \*\*\*\*61.25

<b>DOCUMENT # 713669</b>		
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
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01102007 Chg-NP CR2E037 (12/06)

4. FEI Number  
59-6201220

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

Applied For  
Not Applicable

6. Name and Address of Current Registered Agent

HEATH, BILL  
1201 N SCENIC HWY  
PO BOX 96  
BABSON PARK, FL 33827

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS

TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	BELLINGHAM, PAUL	
STREET ADDRESS	8 ABBEY CRT	
CITY-ST-ZIP	GREENLEFE, FL 33844	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	COLON, YADIRA	
STREET ADDRESS	2710 FDC GROVE RD	
CITY-ST-ZIP	DAVENPORT, FL 33837	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PRASAD, SAMEER	
STREET ADDRESS	P.O. BOX 955	
CITY-ST-ZIP	BABSON PARK, FL 33827	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	HEATH, STELLA	
STREET ADDRESS	P.O. BOX 166	
CITY-ST-ZIP	BABSON PARK, FL 33827	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	YONDONIS, MICHELLE	
STREET ADDRESS	P.O. BOX 3934	
CITY-ST-ZIP	LAKE WALTER, FL 338593934	
TITLE	D	<input type="checkbox"/> Delete
NAME	WRIGHT, RICK	
STREET ADDRESS	P.O. BOX 96	
CITY-ST-ZIP	BABSON PARK, FL 33827	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	CHRIS JORDON	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P.O. BOX 96	
STREET ADDRESS	BABSON PARK, FL 33827	
CITY-ST-ZIP		
TITLE	DR. KEITH WATSE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P.O. BOX 96	
STREET ADDRESS	BABSON PARK, FL 33827	
CITY-ST-ZIP		
TITLE	BILL HEATH	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1201 N. SCENIC HWY.	
STREET ADDRESS	BABSON PARK, FL 33827	
CITY-ST-ZIP		
TITLE	REX YENTES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P.O. BOX 96	
STREET ADDRESS	BABSON PARK, FL 33827	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Chris Jordan Treasurer

1-16-2007 (863) 638-2944

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #