2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#729652

Entity Name: EAST COAST COLLEGE

FILED Apr 22, 2004 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:

5353 ARLINGTON EXPRESSWAY SUITE 410 JACKSONVILLE, FL 32211

Current Mailing Address: New Mailing Address:

5353 ARLINGTON EXPRESSWAY SUITE 410 JACKSONVILLE, FL 32211

FEI Number: 59-0796889 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

JONES, DOROTHY D. 5353 ARLINGTON EXPRSWY STE 410 JACKSONVILLE, FL 32211 US

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.

SIGNATURE:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete JONES, DOROTHY, JONES, DOROTHY Name: Name: 5353 ARLINGTON EXPRESSWAY #11-E Address: Address: 5353 ARLINGTON EXPRESSWAY #11-E City-St-Zip: JACKSONVILLE, FL 32211 City-St-Zip: JACKSONVILLE, FL 32211 Title: Title: (X) Change () Addition () Delete Name: JONES, JACK H, Name: BREWE, JOYCE Address: 5353 ARLINGTON EXPRESSWAY #11-E Address: 244 MCCLAIN DRIVE/PO BOX 1063 City-St-Zip: JACKSONVILLE, FL 32211 City-St-Zip: MELBOURNE, FL 32902 Title: VPSD () Delete Title: (X) Change () Addition BREWE, JOYCE Name: HERBERT, ANTOINETTE Name: 244 MCCLAIN DRIVE / PO BOX 1063 Address: Address: 114 CITRUS LANE City-St-Zip: MELBOURNE, FL 32902 City-St-Zip: PONTE VEDRA BEACH, FL 32082 Title: () Delete Title: () Change (X) Addition BARBER, MARY Name: Name: 7285 MANNING CEMETERY ROAD Address: Address: City-St-Zip: City-St-Zip: JACKSONVILLE, FL 32234 Title: () Delete Title: () Change (X) Addition WROBLESKI, CHERYL Name: Name: 7609 RAIN FOREST DRIVE N Address: Address: JACKSONVILLE, FL 32277 City-St-Zip: City-St-Zip: Title: () Delete Title: () Change (X) Addition GERDING, KATHLEEN Name: Name: Address: Address: 8012 DEGAS COURT JACKSONVILLE, FL 32277 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOROTHY D. JONES PD 04/22/2004