

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 729652

FILED
Mar 29, 2006
Secretary of State

Entity Name: EAST COAST COLLEGE

Current Principal Place of Business:

5353 ARLINGTON EXPRESSWAY
SUITE 410
JACKSONVILLE, FL 32211

New Principal Place of Business:

Current Mailing Address:

5353 ARLINGTON EXPRESSWAY
SUITE 410
JACKSONVILLE, FL 32211

New Mailing Address:

FEI Number: 59-0796889

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Title: PD () Delete
Name: JONES, DOROTHY
Address: 5353 ARLINGTON EXPRESSWAY #11-E
City-St-Zip: JACKSONVILLE, FL 32211

Title: D () Delete
Name: BREWE, JOYCE
Address: 244 MCCLAIN DRIVE
City-St-Zip: MELBOURNE, FL 32904

Title: D () Delete
Name: HERBERT, ANTOINETTI
Address: 114 CITRUS LANE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D () Delete
Name: BARBER, MARY
Address: 7285 MANNING CEMETERY ROAD
City-St-Zip: JACKSONVILLE, FL 32234

Title: D () Delete
Name: WROBLESKI, CHERYL
Address: 7609 RAIN FOREST DRIVE N
City-St-Zip: JACKSONVILLE, FL 32277

Title: D () Delete
Name: GERDING, KATHLEEN
Address: 8012 DEGAS COURT
City-St-Zip: JACKSONVILLE, FL 32277

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: JONES, DOROTHY D
Address: 5353 ARLINGTON EXPRESSWAY #11-E
City-St-Zip: JACKSONVILLE, FL 32211

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: HERBERT, ANTOINETTE
Address: 114 CITRUS LANE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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

03/29/2006

Electronic Signature of Signing Officer or Director

Date