2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2009
Secretary of State

DOCUMENT# 729652

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 D	
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, ANTOINETTE	
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:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 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 02/23/2009
Electronic Signature of Signing Officer or Director — Date