

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 729652

FILED
Mar 10, 2010
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:

5353 ARLINGTON EXPRESSWAY
SUITE 410
JACKSONVILLE, FL 32211 US

Current Mailing Address:

5353 ARLINGTON EXPRESSWAY
SUITE 410
JACKSONVILLE, FL 32211

New Mailing Address:

5353 ARLINGTON EXPRESSWAY
SUITE 410
JACKSONVILLE, FL 32211 US

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:

JONES, DOROTHY D PD
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: DOROTHY D JONES

03/10/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

Title: D
Name: HERBERT, ANTOINETTE
Address: 114 CITRUS LANE
City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: DOROTHY D JONES

PD

03/10/2010

Electronic Signature of Signing Officer or Director

Date