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Feb 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **734103** (5)

1. Corporation Name

INTERNATIONAL COLLEGE, INC.

Principal Place of Business

Mailing Address

**2654 E. TAMiami TRAIL
NAPLES FL 33962**

**2654 E. TAMiami TRAIL
NAPLES FL 34112-5707**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/20/1975		3a. Date of Last Report 01/24/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-6605703		Applied For ☐ Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired ☒		\$8.75 Additional Fee Required	
23 Zip 34112 Country		28 Zip Country		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24		25		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

**JONES, DONALD C.
7855 126TH AVE. NORTH
SUITE F
LARGO FL 34843**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
	JONES, SHARON B.	544 PINELLAS BAYWAY #202	TIERRE VERDE FL	VICE PRESIDENT	JONES, SHARON B.	7855 126TH AVE. N #F	LARGO, FL
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
	DS	DEVAUX, DOUGLAS	7855 126TH AVE. N., #F				
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
	D	JONES, DONALD C.	7855 126TH AVE. N., # F				
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
	DP	MCMAHAN, TERRY P.	2654 E. TAMiami TRAIL				
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
	V	WHITE, JOHN	2654 E TAMiami TRAIL	TREASURER	WHITE, JOHN W.	2654 E TAMiami TRAIL	NAPLES, FL
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP
				SECRETARY	BROCK, Jeanette	2654 E TAMiami TRAIL	NAPLES, FL

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

John W. White JOHN W. WHITE 1/16/97 (94) 774-4700

CR2E037 (9/96)