

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 836512 (4)
1. Corporation Name
COLUMBIA COLLEGE (CORPORATION)



Principal Place of Business: **1001 ROGERS COLUMBIA MO 65216**
Mailing Address: **1001 ROGERS COLUMBIA MO 65216**

3. Date Incorporated or Qualified: **06/14/1976**
3a. Date of Last Report: **02/21/1995**

21	2. Principal Place of Business	2a	Mailing Address	4	FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		43-0655867	Not Applicable
22	City & State	27	City & State	5	Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
23	Zip	28	Zip	6	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Country	29	Country	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
REED, JOSEPH O. J NAVY CAMPUS, BLDG 2036 NAVAL TRAINING CENTER ORLANDO FL 32813		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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROSSNICKLE, DAISY	1.2 NAME	
STREET ADDRESS	454 N CEDAR LK DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBIA MO	1.4 CITY-ST-ZIP	
TITLE	P <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUTHENBERG, DONALD B	2.2 NAME	Gerald T. Brouder
STREET ADDRESS	COLUMBIA, COLLEGE	2.3 STREET ADDRESS	Columbia College, 1001 Rogers Street
CITY-ST-ZIP	COLUMBIA MO	2.4 CITY-ST-ZIP	Columbia, MO 65216
TITLE	CD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ATKINS, THOMAS	3.2 NAME	
STREET ADDRESS	1123 WILKES BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBIA MO	3.4 CITY-ST-ZIP	
TITLE	VCD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOLER, MARTY	4.2 NAME	
STREET ADDRESS	1826 HIGHRIDGE DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBIA MO	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Lindi Overton
STREET ADDRESS		5.3 STREET ADDRESS	Columbia College, 1001 Rogers Street
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Columbia, MO 65216
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 checked, or on an attachment with an address.

SIGNATURE: *Gerald T. Brouder* **1-29-96** **573-875-7200**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)