

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 26 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



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 65201-4580

3. Date Incorporated or Qualified: 06/14/1976  
3a. Date of Last Report: 03/04/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	43-0655867	Not Applicable
Suite, Apt #, etc.	Suite, Apt #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input checked="" type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing	\$5.00 May Be Added to Fees
23	28	Trust Fund Contribution	<input type="checkbox"/>
Zip	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
24	25	29	30

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
(NOTE: Registered Agent signature required when re-stating)

12. OFFICERS AND DIRECTORS		
TITLE	SD	<input type="checkbox"/> DELETE
NAME	GROSSNICKLE, DAISY	
STREET ADDRESS	454 N CEDAR LK DR	
CITY-ST-ZIP	COLUMBIA MO	
TITLE	P	<input type="checkbox"/> DELETE
NAME	BROUDER, GERALD T.	
STREET ADDRESS	COLUMBIA COLLEGE, 10001 ROGERS ST	
CITY-ST-ZIP	COLUMBIA MO	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	ATKINS, THOMAS	
STREET ADDRESS	1123 WILKES BLVD	
CITY-ST-ZIP	COLUMBIA MO	
TITLE	VCD	<input type="checkbox"/> DELETE
NAME	TOLER, MARTY	
STREET ADDRESS	1826 HIGHRIDGE DR	
CITY-ST-ZIP	COLUMBIA MO	
TITLE	T	<input type="checkbox"/> DELETE
NAME	OVERTON, LINDI	
STREET ADDRESS	COLUMBIA COLLEGE, 1001 ROGERS ST	
CITY-ST-ZIP	COLUMBIA MO	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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, unchanged, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)