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Jun 01 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified
06/14/1976

4. FEI Number
43-0655867

Applied For	Not Applicable
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2. Principal Place of Business 21	2a. Mailing Address 26	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State 23	City & State 28	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Zip 24	Country 25	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Zip 29		Country 30

9. Name and Address of Current Registered Agent

**REED, JOSEPH O. J
NAVY CAMPUS, BLDG 2036
NAVAL TRAINING CENTER
ORLANDO FL 32813**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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

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 checked="" 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Brouder, Gerald T.
2.3 STREET ADDRESS	Columbia College, 1001 Rogers
2.4 CITY-ST-ZIP	Columbia, MO
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Adkins, Thomas
3.3 STREET ADDRESS	P.O. Box 756 N/A
3.4 CITY-ST-ZIP	Columbia, MO 65205
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 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: *Gerald T. Brouder* **Gerald T. Brouder** 1/8/98 573-875-8700

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