


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90015 024 ****70.00

0081981

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # 836512

1. Corporation Name
COLUMBIA COLLEGE (CORPORATION)

Principal Place of Business 1001 ROGERS COLUMBIA MO 65216	Mailing Address 1001 ROGERS COLUMBIA MO 65216
---	---



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 06/14/1976
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 43-0655867
22 City & State	27 City & State	Applied For Not Applicable
23 Zip Country	28 Zip Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24	29	30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent

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 *No Change*
 82 Street Address (P.O. Box Number is Not Acceptable)
Orlando Executive Center
 83 *2600 Technology Dr. Suite 100*
 84 City *Orlando* State *FL* Zip Code *32804*

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	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SD GROSSNICKLE, DAISY	1.2 NAME	
STREET ADDRESS	454 N CEDAR LK DR	1.3 STREET ADDRESS	<i>3639 Augusta</i>
CITY-ST-ZIP	COLUMBIA MO	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P BROUDER, GERALD T.	2.2 NAME	
STREET ADDRESS	COLUMBIA COLLEGE, 1001 ROGERS	2.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBIA MO	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CD ATKINS, THOMAS	3.2 NAME	
STREET ADDRESS	P.O. BOX 756 N/A	3.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBIA MO 65205	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VCD 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	<i>T Boyer, Bruce E</i>
STREET ADDRESS		5.3 STREET ADDRESS	<i>41409 Shoram Ct.</i>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<i>Columbia, MO 65203</i>
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 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, with all other like empowered.

SIGNATURE: *B. Boyer* SIGNATURE REQUIRED: *Bruce E Boyer* Date: *4-8-99* Daytime Phone #: *573-875-7251*

0020037 (11/99)