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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Feb 12 1998 8:00am

Sandra B. Mortham

	JAL REPO	ORT			Secretary of State DIVISION OF CORPORATIONS				İ	Secretary of State
	1998		O TI			00111 011	A I I C			Secretary or state
DOCUI 1. Corporation	MENT Name	#	845532	<u>.</u>	(1)					
ALBION COLLEGE, INC.										A LEGIEL (BLIL) START AND BURGE WIND WAT STATE BURGE BURGE BURGE BURGE
Principal Place of Business Mailing Address										- I IOOURI IOKKI BIGGI 844DI BIIGO AINIO KIBI GIGIT GIGIT GIGIT BIBIT GIGIT BIBIT BIBIT BIBIT BIBIT BIBIT BIBIT
611 EAST PORTER 611 EAST PORTER								ı	3. Date Incorporated or Qualified	
ALBION MI 492	24			ALBK	ON MI 49224				ļ	03/20/1980
										4. FEI Number Applied For Not Applieds Not Applied Not
2. Principal Pi	lace of Busin	1055		2a. 1	Mailing Address					5. Certificate of Status Desired S8.75 Additional
21 Sulta Anti-	# etc			26	Suite, Apt. #, etc.					Fee Required
Sulte, Apt. :	₩, etc.			Soile, Apt. #, etc.						6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
City & State					City & State					7. Is this nonprofit corporation a homeowners association?
23			mle.	28	Zin.	1 65				Yes No
Zip 24		25	ıntry	29	Zip	30 Cou	Intry			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
	9. Name		dress of Current		red Agent	1001				10. Name and Address of New Registered Agent
							81	Name		
MACLEAN, FREDERICK, MACLEAN, AMATO & ARLEN							82	Street A	Addres	ss (P.O. Box Number is Not Acceptable)
2700 N.E. 14TH STREET CAUSEWAY POMPANO BEACH FL 33062							83			
r OmrAi	10 beauti	TL 33	<i>7</i> 02				64	City		85 Zip Code
										FL 1 1 1 1 1 1 1 1 1
11. Pursuant t	to the provis	ions of S	sections 617.0502 both, in the State o	and 617 f Florida	.1508, Florida Statu Such change was	tes, the al	oove	named the corp	corpor	oration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered
agent. I ar	m familiar w	ith, and	accept the obligati	ons of, S	Section 617.0503, F	lorida Stat	utes			, , , , , , , , , , , , , , , , , , , ,
SIGNATURE _	Signature, typed	or printed	name of registered agent	and title if	applicable. (NO	TE: Registere	d Age	nt signature	required	d when reinstating) DATE
12.			OFFICERS AND	DIRECT		13.				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	1005	14F4 1461 1		X DELETE	1.1 10				President Change 🗵 Addition
NAME STREET ADDRESS		IORE, MELVIN L ORTER ALBION COLL				1.2 NAME 1.3 STREET ADDRESS		P	Peter T. Mitchell 611 E. Porter - Albion College	
CITY-ST-ZIP	ALBION				1.4 CITY-		· · · · · · · · · · · · · · · · · · ·		Albion MI 49224	
TITLE	VS	, 1111 00			☐ DELETE	2.1 Ti			·· ` `	☐ Change ☐ Addition
NAME	DOPP, I					2.2 N	ME			
STREET ADDRESS			ALBION COLL					ADDRESS		
CITY-ST-ZIP TITLE	ALBION D	, MI 00	000		DELETE	2.40 3.110		1-ZIP		Change Addition
NAME	LANGE). ARN	OID G			3.2 N		- 1		E cumbo CE version
STREET ADDRESS			ALBION COLL			3.3 S1	REET	ADDRESS		
CITY-ST-ZIP	ALBION					3.4. C	ITY-S	T- Z IP		
TITLE	D		NR 44		☐ DELETE	4.1 TO				Change Addition
NAME STREET ADDRESS	SMITH,		ALBION COLL			4.2 N		ADORESS		
CITY-ST-ZIP	ALBION					4.3 SI				
TITLE	D	1,1111 00			☐ DELET£	5.1 TI				Change Addition
NAME	JENKIN:	S, EDM	UND L.			5.2 N/	LME			
STREET ADDRESS			ALBION COLL			5.9 \$1	REET	ADDRESS		
CITY-ST-ZIP	ALBION	<u>, MI 00</u>	000		☐ DELETE	5.4 CI		í-ZIP		☐ Change ☐ Addition
TITLE NAME	d Ungro	DT DA	ill W		T DETER	6.1 T/I 6.2 N/		}		T CHANGE TT ADDITION
STREET ADDRESS			ALBION COLL					ADDRESS		
CITY-ST-ZIP	ALBION					6.4 CI				
44 45									4	Parties 440 OT/OVA Florida Chatatan I fouther contif, that the information

r nereby certify that the information supplied with this filling 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.