

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 845532**

1. Corporation Name

**ALBION COLLEGE, INC.**

Principal Place of Business

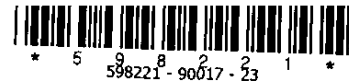
611 EAST PORTER  
ALBION MI 49224

Mailing Address

611 EAST PORTER  
ALBION MI 49224

**FILED**  
**Jul 29, 1999 8:00 am**  
**Secretary of State**

07-29-1999 90017 023 \*\*\*\*61.25



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

03/20/1980

4. FEI Number

38-1359081

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

MACLEAN, FREDERICK, MACLEAN, AMATO & ARLEN  
2700 N.E. 14TH STREET CAUSEWAY  
POMPANO BEACH FL 33062

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	MITCHELL, PETER T	
STREET ADDRESS	611 E PORTER - ALBION COLLEGE	
CITY-ST-ZIP	ALBION, MI 00000 49224	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	DOPP, DALE R.	
STREET ADDRESS	611 E PORTER ALBION COLL	
CITY-ST-ZIP	ALBION, MI 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LANGBO, ARNOLD G	
STREET ADDRESS	611 E PORTER ALBION COLL	
CITY-ST-ZIP	ALBION, MI 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SMITH, RICHARD M	
STREET ADDRESS	611 E PORTER ALBION COLL	
CITY-ST-ZIP	ALBION, MI 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JENKINS, EDMUND L.	
STREET ADDRESS	611 E PORTER ALBION COLL	
CITY-ST-ZIP	ALBION, MI 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	UNGRODT, PAUL W.	
STREET ADDRESS	611 E PORTER ALBION COLL	
CITY-ST-ZIP	ALBION, MI 00000	

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 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: Dale R. Dopp, Vice President  
for Finance & Mgmt.

7/22/99 517-629-0215

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/99)

845532  
598221-90017-23

**SWORN STATEMENT IN LIEU OF ANNUAL STATEMENTS  
FOR ISSUERS OF DONOR ANNUITY AGREEMENTS**

**Issuer's Name (Issuer)** Albion College  
**Address** 611 East Porter Street, Albion  
**State, Zip** Michigan 49224  
**Phone and Fax** 517-629-0237 Fax: 517-629-0566  
**Donor Annuity Issuer's Contact Person** James Whitehouse  
**Donor Annuity Issuer's FEIN** 38-1359081

**STATE OF** Michigan

**COUNTY OF** Calhoun

Peter T. Mitchell **President**, Dale R. Dopp, **Asst Secretary**, of the above named issuer, being duly sworn, each deposes and says that they are the above described officers of the said issuer, and that on the thirty-first day of December last; or, on June 30, 1999, which is the last day of the fiscal year of the issuer, and as described in the initial notification form submitted to the Florida Department of Insurance, the issuer is in compliance with all requirements of Section 627.481, Florida Statutes, and Chapter 4-202, Florida Administrative Code.

(Corporate Seal)

Peter T. Mitchell

**President**

Dale R. Dopp  
Assistant **Secretary** to the Board of Trustees  
And Vice President for Finance and Management

SWORN TO AND SUBSCRIBED BEFORE ME,  
THIS 23 DAY OF July, 1999.

Judy Leedy Greer  
**NOTARY PUBLIC**  
**JUDY LEEDY GREER**

Notary Public, Calhoun County, MI  
My Commission Expires Oct. 3, 2001  
DI4-XXXX (6/96)

(Notarial Seal)

