

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000004334

FILED
Apr 28, 2005
Secretary of State

Entity Name: WILLIAM JEWELL COLLEGE CORPORATION

Current Principal Place of Business:

500 COLLEGE HILL
LIBERTY, MO 640681896

New Principal Place of Business:

Current Mailing Address:

500 COLLEGE HILL
LIBERTY, MO 640681896

New Mailing Address:

FEI Number: 44-0545914

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: DUNCAN, DONALD
Address: 1044 NORTH NEWCASTLE
City-St-Zip: SPRINGFIELD, MO 658022197

Title: VC () Delete
Name: CROUCH, WILLIAM M
Address: 239 CHASSELLE LANE
City-St-Zip: ST. LOUIS, MO 631417332

Title: P () Delete
Name: SALLEE, DAVID L
Address: 500 COLLEGE HILL
City-St-Zip: LIBERTY, MO 640681896

Title: VP () Delete
Name: DEMPSEY, RON
Address: 500 COLLEGE HILL
City-St-Zip: LIBERTY, MO 640681896

Title: ST () Delete
Name: STEINCROSS, JOY S
Address: 500 COLLEGE HILL
City-St-Zip: LIBERTY, MO 640681896

Title: D () Delete
Name: COMMENT, JEFFREY W
Address: 1223 WEST 56TH STREET
City-St-Zip: KANSAS CITY, MO 641131142

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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City-St-Zip:

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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RON DEMPSEY

VP

04/28/2005

Electronic Signature of Signing Officer or Director

Date