

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2008 08:00 A
Secretary of State

DOCUMENT # F02000005045

1. Entity Name
RHODES COLLEGE (TENNESSEE), INC.



Principal Place of Business
2000 NORTH PARKWAY
MEMPHIS, TN 38112-1690

Mailing Address
2000 NORTH PARKWAY
MEMPHIS, TN 38112-1690



04152008 No Chg-NP CR2E037 (4/06)

4. FEI Number
62-0476301

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

U00000911944
05/07/08-80059-024 70.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	TROUTT, WILLIAM E
STREET ADDRESS	91 MORNINGSIDE PARK
CITY-ST-ZIP	MEMPHIS, TN 38104
TITLE	V
NAME	BORST, CHARLOTTE
STREET ADDRESS	861 HARBOR VIEW DR.
CITY-ST-ZIP	MEMPHIS, TN 38103
TITLE	S
NAME	HOKANSON RICHEY, MEL
STREET ADDRESS	215 LEMASTER STREET
CITY-ST-ZIP	MEMPHIS, TN 38104
TITLE	T
NAME	BOONE, J. ALLEN JR.
STREET ADDRESS	1889 VINTON
CITY-ST-ZIP	MEMPHIS, TN 38104
TITLE	D
NAME	WILSON, SPENCE L
STREET ADDRESS	5863 GARDEN RIVER COVE
CITY-ST-ZIP	MEMPHIS, TN 381202501
TITLE	D
NAME	MICHALCHECK, WILLIAM
STREET ADDRESS	620 PARK AVENUE
CITY-ST-ZIP	NEW YORK, NY 10021

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

J. Allen Boone 4/15/08 901-843-3760