FILED
Feb 20 1997 8:00am
Secretary of State

F96000001937

1. Corporation Name
TOCCOA FALLS COLLEGE, INC.

Principal Place of Business	Mailing Address
P.O. BOX 61721 FT. MYERS, FL 33906-1721	P.O. BOX 61721 FT. MYERS, FL 33906-1721

3. Date Incorporated or Qualified: 04/17/1996
3a. Date of Last Report:
4. FEI Number: 58-0685908 ☐ 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
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

BARKER, JOE
4050 COLONIAL BLVD.
FT. MYERS, FL 33912

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 Zip Code

11. Pursuant to the provisions of Sections 617.0503 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: _____ DATE: _____
(Signature typed or printed name of registered agent and title if applicable) (New Registered Agent signature required when applicable)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	P ALFORD, PAUL DR. 360 CARYLE CIRCLE TOCCOA FALLS, GA 30598 ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	V GARDNER, WAYNE 1007 OAK CLIFF DRIVE TOCCOA, GA 30577 ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	S MCCARTHY, JOHN DR. 940 GREEN VALLEY DRIVE TOCCOA, GA 30577 ☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	T SILVERNAIL, W.C. 106 BEAVER BROOK DRIVE TOCCOA, GA 30577 ☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	DC MIZELL, WILMER 307 YOAKUM PKWY #517 ALEXANDRIA, VA 22304 ☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	DC FERRELL, SAMUEL 2504 ESTEY AVENUE NAPLES, FL 33942-4301 ☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY ST ZIP	☐ Change ☐ Addition

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14. I do 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.

SIGNATURE: Wayne Gardner Wayne Gardner 2/4/97 706-884-6831
(SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL) (TITLE) (DAYTIME PHONE #)

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