

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**DOCUMENT # F96000001937**

1. Corporation Name

**TOCCOA FALLS COLLEGE, INC.**

Principal Place of Business

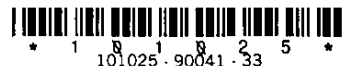
PO BOX 61721  
FT. MYERS FL 33906-1721

Mailing Address

PO BOX 61721  
FT. MYERS FL 33906-1721

**FILED**  
**Feb 23, 1999 8:00 am**  
**Secretary of State**

02-23-1999 90041 033 \*\*\*\*61.25



2. Principal Place of Business

21 **4050 Colonial Blvd.**

Suite, Apt. #, etc.

22 **Ft. Myers, FL**

City & State

23

Zip

24 **33912**

Country

25 **Lee**

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28

Zip

29

Country

30

3. Date Incorporated or Qualified

**04/17/1996**

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

9. Name and Address of Current Registered Agent

SHELLEY, MICHAEL  
8321 SREN RD  
FT MYERS FL 33912

10. Name and Address of New Registered Agent

81 Name **Michael Shelley**

82 Street Address (P.O. Box Number is Not Acceptable)  
**8321 Wren Rd.**

83

84 City **Ft. Myers**

**FL**

85 Zip Code  
**33912**

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

*Michael Shelley*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**1/9/99**

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

P  
NAME ALFORD, PAUL DR  
STREET ADDRESS 360 CARLYLE CIRCLE  
CITY-ST-ZIP TOCCOA FALLS GA 30598

TITLE ☐ DELETE

V  
NAME GARDNER, WAYNE  
STREET ADDRESS 1007 OAK CLIFF DR  
CITY-ST-ZIP TOCCOA GA 30577

TITLE ☐ DELETE

S  
NAME MCCARTHY, JOHN DR  
STREET ADDRESS 940 GREEN VALLEY DR  
CITY-ST-ZIP TOCCOA GA 30577

TITLE ☐ DELETE

T  
NAME SILVERNAIL, W C  
STREET ADDRESS 106 BEAVER BROOK DR  
CITY-ST-ZIP TOCCOA GA 30577

TITLE ☐ DELETE

DC  
NAME MIZELL, WILMER  
STREET ADDRESS 307 YOAKUM PKWY #517  
CITY-ST-ZIP ALEXANDRIA VA 22304

TITLE ☐ DELETE

DC  
NAME FERRELL, SAMUEL  
STREET ADDRESS 2504 ESTEY AVE.  
CITY-ST-ZIP NAPLES FL 33942-4301

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

*Michael Shelley*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/9/99**

Date

**1-800-868-3257**

Daytime Phone #

CR2E037 (11/98)

0059975