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FILED
Feb 27 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000004373 (4)

1. Corporation Name

WILMINGTON COLLEGE, INC.

Principal Place of Business

Mailing Address

320 DUPONT HWY
NEW CASTLE DE 19720

320 DUPONT HWY
NEW CASTLE DE 19720

3. Date Incorporated or Qualified

08/23/1996

4. FEI Number

51-0107088

Applied For
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

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. Is this nonprofit corporation a homeowners association?
☐ Yes ☐ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SNYDER, ARTHUR
1790 SW 2ND AVE
BOCA RATON FL 33432

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CTR ☐ DELETE
NAME DUPONT, IRENEE JR
STREET ADDRESS 320 DUPONT HWY
CITY-ST-ZIP NEW CASTLE DE

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VCTR ☐ DELETE
NAME WINGATE, PHILLIP J DR
STREET ADDRESS 320 DUPONT HWY
CITY-ST-ZIP NEW CASTLE DE

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE TTR ☒ DELETE
NAME PRATT, BURT C DR
STREET ADDRESS 320 DUPONT HWY
CITY-ST-ZIP NEW CASTLE DE

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME T/Th
3.3 STREET ADDRESS Thomas S. Shaw
3.4 CITY-ST-ZIP 320 DUPONT HWY
NEW CASTLE, DE 19720

TITLE STR ☐ DELETE
NAME WILSON, WOODROW DR
STREET ADDRESS 320 DUPONT HWY
CITY-ST-ZIP NEW CASTLE DE

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE P ☐ DELETE
NAME DOBERSTEIN, AUDREY K
STREET ADDRESS 320 DUPONT HWY
CITY-ST-ZIP NEW CASTLE DE 19720

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE V ☐ DELETE
NAME VARSALONA, JACK P DR
STREET ADDRESS 320 DUPONT HWY
CITY-ST-ZIP NEW CASTLE DE 19720

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.

SIGNATURE:

[Signature]

Jack P. Varsalona, 320 Dupont Hwy, New Castle, DE 19720

CR2E037 (10/97)