

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Apr 22 1997 8:00am  
Secretary of State

DOCUMENT # F96000006020

1. Corporation Name

Northwestern College Corporation

Principal Place of Business

3003 Snelling Avenue North  
St. Paul, MN 55113

Mailing Address

3003 Snelling Avenue North  
St. Paul, MN 55113

3. Date Incorporated or Qualified  
November 18, 1996

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 3003 Snelling Avenue North

27 Suite, Apt. #, etc.

27 Attn: Phil Lacher, Controller

28 City & State

29 St. Paul, MN

30 Zip

31 Country

4. FEI Number  
41-0711610

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

Corporation Service Company  
1201 Hays Street  
Tallahassee, FL 32301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 City

84 State

85 Zip Code

FL

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

600002152356  
-04/23/97--01061--028

12. OFFICERS AND DIRECTORS

TITLE	Vice President	<input checked="" type="checkbox"/> DELETE
NAME	Paul Ramseyer	
STREET ADDRESS	3820 Haven Road	
CITY-ST-ZIP	Minnetonka, MN 55345	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Chairman	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Rev. Mel Johnson	
1.3 STREET ADDRESS	1643 Millwood	
1.4 CITY-ST-ZIP	Roseville, MN 55113	
2.1 TITLE	Vice Chairman	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Cary H. Humphries	
2.3 STREET ADDRESS	4512 Moorland Avenue	
2.4 CITY-ST-ZIP	Edina, MN 55424	
3.1 TITLE	Secretary/Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Harry Repstad	
3.3 STREET ADDRESS	5700 205th Street East	
3.4 CITY-ST-ZIP	Prior Lake, MN 55372-8835	
4.1 TITLE	Trustee	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	L. John Buyse	
4.3 STREET ADDRESS	1133 Fremont Street	
4.4 CITY-ST-ZIP	Anoka, MN 55303-1941	
5.1 TITLE	President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Dr. Donald Erickson	
5.3 STREET ADDRESS	900 Redwood Lane	
5.4 CITY-ST-ZIP	New Brighton, MN 55112	
6.1 TITLE	Vice President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Dr. David Erickson	
6.3 STREET ADDRESS	905 Cannon Avenue	
6.4 CITY-ST-ZIP	Shoreview, MN 55126	

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:

*Donald Erickson*

Dr. Donald Erickson

4-15-97

612-631-5000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/96)