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Feb 06 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F96000006020 (9)**

1. Corporation Name

**NORTHWESTERN COLLEGE CORPORATION**

Principal Place of Business

**3003 SNELLING AVE., N.  
ST. PAUL MN 55113**

Mailing Address

**3003 SNELLING AVENUE NORTH  
ATTN: PHIL LACHER, CONTROLLER  
ST. PAUL MN 55113**



3. Date Incorporated or Qualified

**11/18/1996**

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**

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

10. Name and Address of New Registered Agent

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

TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>ERICKSEN, DONALD DR</b>	
STREET ADDRESS	<b>900 REDWOOD LANE</b>	
CITY-ST-ZIP	<b>NEW BRIGHTON MN 55112</b>	

TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>ERICKSON, DAVID DR</b>	
STREET ADDRESS	<b>905 CANNON AVE.</b>	
CITY-ST-ZIP	<b>SHOREVIEW MN 55126</b>	

TITLE	<b>ST</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>REPSTAD, HARRY</b>	
STREET ADDRESS	<b>5700 205TH STREET EAST</b>	
CITY-ST-ZIP	<b>PRIOR LAKE MN 55372-8835</b>	

TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>BUYSE, JOHN L</b>	
STREET ADDRESS	<b>1133 FREMONT STREET</b>	
CITY-ST-ZIP	<b>ANOKA MN 55303-1941</b>	

TITLE	<b>C</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>JOHNSON, MEL REVEREN</b>	
STREET ADDRESS	<b>1643 MILLWOOD</b>	
CITY-ST-ZIP	<b>ROSEVILLE MN 55113</b>	

TITLE	<b>VC</b>	<input type="checkbox"/> DELETE
NAME	<b>HUMPHRIES, CARY H</b>	
STREET ADDRESS	<b>4512 MOORLAND AVE.</b>	
CITY-ST-ZIP	<b>EDINA MN</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>P-President</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Dr. Wesley Willis</b>	
1.3 STREET ADDRESS	<b>3003 Snelling Avenue North</b>	
1.4 CITY-ST-ZIP	<b>St. Paul, MN 55113</b>	

2.1 TITLE	<b>V</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Dr. David Erickson</b>	
2.3 STREET ADDRESS	<b>3003 Snelling Avenue North</b>	
2.4 CITY-ST-ZIP	<b>St. Paul, MN 55113</b>	

3.1 TITLE	<b>S, T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Paul Sentman</b>	
3.3 STREET ADDRESS	<b>3003 Snelling Avenue North</b>	
3.4 CITY-ST-ZIP	<b>St. Paul, MN 55113</b>	

4.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>John L. Byuse</b>	
4.3 STREET ADDRESS	<b>3003 Snelling Avenue North</b>	
4.4 CITY-ST-ZIP	<b>St. Paul, MN 55113</b>	

5.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>Lloyd Brandt</b>	
5.3 STREET ADDRESS	<b>3003 Snelling Avenue North</b>	
5.4 CITY-ST-ZIP	<b>St. Paul, MN 55113</b>	

6.1 TITLE	<b>C</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>Cary Humphries</b>	
6.3 STREET ADDRESS	<b>3003 Snelling Avenue North</b>	
6.4 CITY-ST-ZIP	<b>St. Paul, MN 55113</b>	

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:

**Wesley Willis**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**1/22/98**

Daytime Phone #

**612 631-5100**

CR2037 (10/97)