


FILE NOW: FILING FEE IS \$61.25

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Feb 19, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F98000006622

1. Corporation Name

GENEVA COLLEGE CORPORATION

Principal Place of Business

3200 COLLEGE AVENUE
BEAVER FALLS PA 15010-3599

Mailing Address

3200 COLLEGE AVENUE
BEAVER FALLS PA 15010-3599

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		2b		12/07/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		25-0965376	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution	
24		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
WHITE, JOHN H 1009 - 1015 MAITLAND CENTER MAITLAND FL 32751-7130				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PC	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WHITE, JOHN H		1.2 NAME		
STREET ADDRESS	320 FOURTH AVENUE		1.3 STREET ADDRESS		
CITY-ST-ZIP	BEAVER FALLS PA 15010		1.4 CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	V	<input type="checkbox"/> DELETE	2.1 TITLE		
NAME	BOELKINS, JAMES N		2.2 NAME		
STREET ADDRESS	2440 DARLINGTON ROAD		2.3 STREET ADDRESS		
CITY-ST-ZIP	BEAVER FALLS PA 15010		2.4 CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	TV	<input type="checkbox"/> DELETE	3.1 TITLE		
NAME	MACDONALD, JAMES		3.2 NAME		
STREET ADDRESS	135 JANET STREET		3.3 STREET ADDRESS		
CITY-ST-ZIP	BEAVER FALLS PA 15010		3.4 CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	C	<input type="checkbox"/> DELETE	4.1 TITLE		
NAME	LAMONT, JOSEPH DR JR		4.2 NAME		
STREET ADDRESS	4233 NORTHEAST 75TH STREET		4.3 STREET ADDRESS		
CITY-ST-ZIP	SEATTLE WA 98121		4.4 CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	VC	<input type="checkbox"/> DELETE	5.1 TITLE		
NAME	SMITH, KEN A		5.2 NAME		
STREET ADDRESS	5018 BEEF STREET		5.3 STREET ADDRESS		
CITY-ST-ZIP	SYRACUSE NY 13215		5.4 CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE		
NAME	LYNN, JOYCE E		6.2 NAME		
STREET ADDRESS	63 DARLINGTON ROAD APT. C7		6.3 STREET ADDRESS		
CITY-ST-ZIP	BEAVER FALLS PA 15010		6.4 CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James R MacDonell V.P. Business & Finance 3/15/99 724-847-6561

CR2E037 (11/98)