

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000003134

FILED
Apr 30, 2004
Secretary of State

Entity Name: BELHAVEN COLLEGE, A NON-PROFIT CORPORATION

Current Principal Place of Business:

2301 MAITLAND CTR. PKWY
SUITE 165
MAITLAND, FL 32751

New Principal Place of Business:

2301 MAITLAND CTR. PKWY
SUITE 165
MAITLAND, FL 32751

Current Mailing Address:

New Mailing Address:

FEI Number: 64-0303069

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

RAMOS, COLLEEN
2301 MAITLAND CENTER PARKWAY
SUITE 165
MAITLAND, FL 32751

Name and Address of New Registered Agent:

HARRIS, RICHARD
2301 MAITLAND CENTER PARKWAY
SUITE 165
MAITLAND, FL 32751

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: RICHARD HARRIS, PHD

04/30/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C () Delete

Name: CANNADA, CHARLES

Address: 210 E. CAPITAL STREET, STE 1021

City-St-Zip: JACKSON, MS 39201

Title: () Change () Addition

Name:

Address:

City-St-Zip:

Title: VC () Delete

Name: HOOD, JIMMY

Address: 2400 CULLEYWOOD ROAD

City-St-Zip: JACKSON, MS 39211

Title: () Change () Addition

Name:

Address:

City-St-Zip:

Title: D () Delete

Name: DUNCAN, DR. LIGON III

Address: 1390 NORTH STATE STREET

City-St-Zip: JACKSON, MS 39202

Title: () Change () Addition

Name:

Address:

City-St-Zip:

Title: D (X) Delete

Name: HOOD, WARREN A

Address: 4165 EASTOVER DRIVE

City-St-Zip: JACKSON, MS 39211

Title: () Change () Addition

Name:

Address:

City-St-Zip:

Title: P () Delete

Name: PARROTT, DR. ROGER

Address: 1500 PEACHTREE STREET

City-St-Zip: JACKSON, MS 392021789

Title: () Change () Addition

Name:

Address:

City-St-Zip:

Title: VP () Delete

Name: FREDERICKS, DR. DANIEL C

Address: 1500 PEACHTREE STREET

City-St-Zip: JACKSON, MS 392021789

Title: () Change () Addition

Name:

Address:

City-St-Zip:

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 report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DANIEL FREDERICKS

DR.

04/30/2004

Electronic Signature of Signing Officer or Director

Date