

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:****Current Mailing Address:**2301 MAITLAND CTR. PKWY
SUITE 165
MAITLAND, FL 32751**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:** VC () Delete
Name: HOOD, JIMMY
Address: 2400 CULLEYWOOD ROAD
City-St-Zip: JACKSON, MS 39211**Title:** D () Delete
Name: DUNCAN, DR. LIGON III
Address: 1390 NORTH STATE STREET
City-St-Zip: JACKSON, MS 39202**Title:** D (X) Delete
Name: HOOD, WARREN A
Address: 4165 EASTOVER DRIVE
City-St-Zip: JACKSON, MS 39211**Title:** P () Delete
Name: PARROTT, DR. ROGER
Address: 1500 PEACHTREE STREET
City-St-Zip: JACKSON, MS 392021789**Title:** VP () Delete
Name: FREDERICKS, DR. DANIEL C
Address: 1500 PEACHTREE STREET
City-St-Zip: JACKSON, MS 392021789**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
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Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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