

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000003134

FILED  
Apr 05, 2006  
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:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: C ( ) Delete  
Name: CANNADA, CHARLES  
Address: 1675 LAKELAND DRIVE, STE 206  
City-St-Zip: JACKSON, MS 39216

Title: VC ( ) Delete  
Name: HOOD, JIMMY  
Address: P.O. BOX 4931  
City-St-Zip: JACKSON, MS 39296

Title: D ( ) Delete  
Name: POTTS, JR., HUGH  
Address: 221 E. WASHINGTON STREET  
City-St-Zip: KOSCIUSKO, MS 39090

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: C (X) Change ( ) Addition  
Name: CANNADA, CHARLES  
Address: 1500 PEACHTREE STREET  
City-St-Zip: JACKSON, MS 392021789

Title: VC (X) Change ( ) Addition  
Name: HOOD, JIMMY  
Address: 1500 PEACHTREE STREET  
City-St-Zip: JACKSON, MS 392021789

Title: D (X) Change ( ) Addition  
Name: POTTS, JR., HUGH  
Address: 1500 PEACHTREE STREET  
City-St-Zip: JACKSON, MS 392021789

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
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 Chapter 119, 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: RICHARD HARRIS

DEAN

04/05/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date