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Secretary of State
06-27-2003 90052 049 ****70.00

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000003134

10108952

1. Entity Name
BELHAVEN COLLEGE, A NON-PROFIT CORPORATION

Principal Place of Business	Mailing Address
725 PRIMERA BOULEVARD, SUITE 125 LAKE MARY, FL 32746	725 PRIMERA BOULEVARD, SUITE 125 LAKE MARY, FL 32746

2. Principal Place of Business	3. Mailing Address
2301 Maitland Ctr Pkwy	2301 Maitland Ctr Pkwy
Suite, Apt. #, etc. Suite 1165	Suite, Apt. #, etc. Suite 1165
City & State Maitland, Florida	City & State Maitland, Florida
Zip: 32751 Country: USA	Zip: 32751 Country: USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number: 64-0303069 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FREDERICKS, DR. DANIEL C 725 PRIMERA BOULEVARD, SUITE 125 LAKE MARY, FL 32746	Name: Colleen Ramos Street Address (P.O. Box Number is Not Acceptable): 2301 Maitland Center Parkway Suite 1165 City: Maitland FL Zip Code: 32751

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Colleen Ramos
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C CANNADA, CHARLES 210 E. CAPITAL STREET, STE 1021 JACKSON, MS 39201	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VC HOOD, JIMMY 2400 CULLEYWOOD ROAD JACKSON, MS 39211	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DUNCAN, DR. LIGON III 1390 NORTH STATE STREET JACKSON, MS 39202	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOOD, WARREN A 4165 EASTOVER DRIVE JACKSON, MS 39211	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P PARROTT, DR. ROGER 1500 PEACHTREE STREET JACKSON, MS 392021789	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP FREDERICKS, DR. DANIEL C 725 PRIMERA BOULEVARD, SUITE 125 LAKE MARY, FL 32746	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1500 Peachtree Street Jackson, MS 392021789	☒ Change ☐ Addition

CR2E037 (10/02)

12. 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Colleen Ramos
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #