2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005
Secretary of State

DOCUMENT# N00000001525

Entity Name: EVERGLADES COLLEGE, INC.

Current Principal Place of Business:

1500 NW 49TH ST
FORT LAUDERDALE, FL 33309

New Principal Place of Business:

1900 W COMMERCIAL BLVD
STE 175
FORT LAUDERDALE, FL 33309

Current Mailing Address:

1500 NW 49TH ST
ATTN: ACCOUNTING
FORT LAUDERDALE, FL 33309

New Mailing Address:

1900 W COMMERCIAL BLVD
STE 175, ATTN: ACCOUNTING
FORT LAUDERDALE, FL 33309

FEI Number: 65-0216638 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WALDMAN, JAMES
1500 NW 49TH ST
FT LAUDERDALE, FL 33309 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:	PVST	( ) Delete
Name:	KEISER, ARTHUR DR.	
Address:	1500 NW 49TH ST	
City-St-Zip:	FORT LAUDERDALE, FL 33309	
Title:	CT	( ) Delete
Name:	WALDMAN, JAMES	
Address:	2751 WEST ATLANTIC BLVD	
City-St-Zip:	POMPANO BEACH, FL 33069	
Title:	T	( ) Delete
Name:	KONDRACJI, MARIA	
Address:	5900 N ANDREWS AVE, STE 250	
City-St-Zip:	FORT LAUDERDALE, FL 33309	
Title:	T	( ) Delete
Name:	WALLICK, GREG	
Address:	209 NW 12TH AVENUE	
City-St-Zip:	POMPANO BEACH, FL 33069	
Title:	T	( ) Delete
Name:	MCKENZIE, LIPTON	
Address:	3520 W BROWARD BLVD, STE 217	
City-St-Zip:	FORT LAUDERDALE, FL 33312	
Title:	T	( ) Delete
Name:	PACE, JOSEPH	
Address:	1230 SOUTH SOUTHLAKE DRIVE	
City-St-Zip:	HOLLYWOOD, FL 33020	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 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: ARTHUR KEISER P 05/02/2005

Electronic Signature of Signing Officer or Director — Date