

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001525

FILED
Apr 27, 2006
Secretary of State

Entity Name: EVERGLADES COLLEGE, INC.

Current Principal Place of Business:

1900 W COMMERCIAL BLVD
STE 175
FORT LAUDERDALE, FL 33309

New Principal Place of Business:

1900 W COMMERCIAL BLVD
STE 180
FORT LAUDERDALE, FL 33309

Current Mailing Address:

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

New Mailing Address:

1900 W COMMERCIAL BLVD
STE 180, ATTN: ACCOUNTING
FORT LAUDERDALE, FL 33309

FEI Number: 65-0216638

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

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:

WALDMAN, JAMES
1900 W COMMERCIAL BLVD
FT LAUDERDALE, FL 33309 US

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: JAMES WALDMAN

04/27/2006

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: PVST (X) Change () Addition
Name: KEISER, ARTHUR DR.
Address: 1900 W COMMERCIAL BLVD
City-St-Zip: FORT LAUDERDALE, FL 33309

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 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: ARTHUR KEISER

P

04/27/2006

Electronic Signature of Signing Officer or Director

Date