

2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Aug 24, 2011
Secretary of State

DOCUMENT# N00000001525

Entity Name: EVERGLADES COLLEGE, INC.**Current Principal Place of Business:**5002 T-REX AVENUE
SUITE 100
BOCA RATON, FL 33431**New Principal Place of Business:****Current Mailing Address:**1900 W COMMERCIAL BLVD
STE 180, ATTN: ACCOUNTING
FORT LAUDERDALE, FL 33309**New Mailing Address:****FEI Number:** 65-0216638 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**WALDMAN, JAMES W
1900 W COMMERCIAL BLVD
SUITE 180
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:** T
Name: WALLICK, GREG
Address: 209 NW 12TH AVENUE
City-St-Zip: POMPANO BEACH, FL 33069**Title:** T
Name: PERRY, CRAIG
Address: 825 CORAL RIDGE DRIVE
City-St-Zip: CORAL SPRINGS, FL 33071**Title:** T
Name: HANDWERKER, SILVIA
Address: 1800 S OCEAN BLVD 1007
City-St-Zip: POMPANO BEACH, FL 33062**Title:** T
Name: FRIONE, FRANK
Address: 442 NW 35TH STREET
City-St-Zip: BOCA RATON, FL 33431**Title:** VP
Name: KEISER, ARTHUR
Address: 1900 W COMMERCIAL BLVD STE 180
City-St-Zip: FORT LAUDERDALE, FL 33309**Title:** TR
Name: BERARDINELLI, JOSEPH
Address: 1900 W COMMERCIAL BLVD STE 180
City-St-Zip: FT LAUDERDALE, FL 33309

I hereby 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 all other like empowered.

SIGNATURE: GREG WALLICK

T

08/24/2011

Electronic Signature of Signing Officer or Director

Date

N000000001525

8/24/11

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DOCUMENT #N000000001525
ENTITY NAME: EVERGLADES COLLEGE, INC.
FEI NUMBER: 65-0216638

ADDITIONAL OFFICERS AND DIRECTORS:

Title: T
Name: Tom Foster
Address: P.O. Box 5099
City-St-Zip: Lighthouse Point, Florida 33074

Title: T
Name: Andrew Wright
Address: 5130 N. State Road 7
City-St-Zip: Fort Lauderdale, FL 33319

Title: T
Name: Maria Kondracki
Address: 2500 N. Military Trail, Suite 305
City-St-Zip: Boca Raton, FL 33312

I hereby certify that the information indicated on this report is true and accurate; 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 all other like empowered.

SIGNATURE: Joseph Berardinelli
Joseph Berardinelli

Date: August 24, 2011