2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003823

FILED Jun 25, 2007 Secretary of State

Entity Name: COMMUNITY COLLEGE BACCALAUREATE ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: PO BOX 60210 8099 COLLEGE PARKWAY FORT MYERS, FL 33919 FORT MYERS, FL 33919 **Current Mailing Address: New Mailing Address: EDISON COLLEGE EDISON COLLEGE** PO BOX 60210 8099 COLLEGE PARKWAY FORT MYERS, FL 33919 FORT MYERS, FL 33919 FEI Number: 65-1026796 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () 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: Name and Address of New Registered Agent: WALKER, KENNETH P DR. WALKER, KENNETH P DR. EDISON COLLEGE **EDISON COLLEGE** 8099 COLLEGE PKWY 8099 CIKKEGE PKWY FT. MYERS, FL 33919 US FT. MYERS, FL 33919 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: 06/25/2007 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete WALKER, KENNETH P DR. WALKER, KENNETH P DR. Name: Name: EDISON COMMUNITY COLLEGE, P.O. BOX 60210 Address: EDISON COMMUNITY COLLEGE Address: City-St-Zip: FORT MYERS, FL 33919 City-St-Zip: FORT MYERS, FL 33919 Title: () Delete Title: () Change () Addition RUSSELL, NEIL DR. Name: Name: Address: 900 MCGILL RD., UNV. COLLGE OF THE BAR Address: City-St-Zip: CANADA, BC V2E1M1 City-St-Zip: Title: SCC () Delete Title: () Change () Addition JOLLY, RICHARD DR Name: Name: MIDLAND COLLEGE 3600 N GARFIELD Address: Address: City-St-Zip: MIDLAND, TX 79705 City-St-Zip: Title: () Delete Title: () Change () Addition THOR, LINDA Name: Name: RIO SALADO COLLEGE, 2323 W 14TH ST Address: Address: City-St-Zip: TEMPE, AZ 85281 City-St-Zip: Title: () Delete Title: () Change () Addition REMINGTON, RONALD K DR. Name: Name: 6375 W. CHARLESTON BLVD. Address: Address: LAS VEGAS, NV 89146 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: KENNETH WALKER P 06/25/2007