2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# N00000003823

Entity Name: COMMUNITY COLLEGE BACCALAUREATE ASSOCIATION, INC.

Current Principal Place of Business:

8099 COLLEGE PARKWAY
FORT MYERS, FL 33919

New Principal Place of Business:

Current Mailing Address:

EDISON COLLEGE
8099 COLLEGE PARKWAY
FORT MYERS, FL 33919

New Mailing Address:

EDISON STATE COLLEGE
8099 COLLEGE PARKWAY
FORT MYERS, FL 33919

FEI Number: 65-1026796 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WALKER, KENNETH P DR.
EDISON COLLEGE
8099 COLLEGE PKWY
FT. MYERS, FL 33919 US

Name and Address of New Registered Agent:

WALKER, KENNETH P DR.
EDISON STATE COLLEGE
8099 COLLEGE PKWY
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: _____ 04/15/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: WALKER, KENNETH P DR.
Address: EDISON COMMUNITY COLLEGE
City-St-Zip: FORT MYERS, FL 33919

Title: SEC ( ) Delete
Name: JOLLY, RICHARD DR
Address: MIDLAND COLLEGE 3600 N GARFIELD
City-St-Zip: MIDLAND, TX 79705

Title: T ( ) Delete
Name: THOR, LINDA
Address: RIO SALADO COLLEGE, 2323 W 14TH ST
City-St-Zip: TEMPE, AZ 85281

Title: D ( ) Delete
Name: REMINGTON, RONALD K DR.
Address: 6375 W. CHARLESTON BLVD.
City-St-Zip: LAS VEGAS, NV 89146

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: WALKER, KENNETH P DR.
Address: EDISON STATE COLLEGE
City-St-Zip: FORT MYERS, FL 33919

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 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: BETH HAGAN ED 04/15/2009
Electronic Signature of Signing Officer or Director — Date