

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004860

FILED
Jul 03, 2006
Secretary of State

Entity Name: FLORIDA INDEPENDENT COLLEGE FUND INC.

Current Principal Place of Business:

929 N. SPRING GARDEN AVE., STE. 165
DELAND, FL 32720

New Principal Place of Business:

Current Mailing Address:

929 N. SPRING GARDEN AVE., STE. 165
DELAND, FL 32720

New Mailing Address:

FEI Number: 59-1919098 **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:

Name and Address of New Registered Agent:

BURLEY, KATHY L
929 N. SPRING GARDEN AVE., STE. 165
DELAND, FL 32720 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CST () Delete
Name: MARTIN, BERT T
Address: 2805 PARKLAND BLVD.
City-St-Zip: TAMPA, FL 33609

Title: ST () Delete
Name: ARD, JAY
Address: 100 TAMPA OAKS BLVD., SUITE 350
City-St-Zip: TAMPA, FL 33637

Title: MD () Delete
Name: BURLEY, KATHY L
Address: 929 N. SPRING GARDEN AVENUE STE. 165
City-St-Zip: DELAND, FL 32720

Title: D () Delete
Name: CASALE, FRANKLYN
Address: 16400 NW 32ND AVENUE
City-St-Zip: MIAMI, FL 33054

Title: D () Delete
Name: EDWARDS, BARBARA
Address: 15800 NW 42ND AVENUE
City-St-Zip: MIAMI, FL 33054

Title: ST () Delete
Name: EVANCO, CAROL
Address: 11300 NE 2ND AVENUE
City-St-Zip: MIAMI, FL 33161

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: ST (X) Change () Addition
Name: MOORE, ED H
Address: 542 EAST PARK AVE.
City-St-Zip: TALLAHASSEE, FL 32301

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: D (X) Change () Addition
Name: TATE, ROBERT H
Address: 111 LAKE HOLLINGSWORTH DRIVE
City-St-Zip: LAKELAND, FL 33801

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: KATHY L. BURLEY

MD

07/03/2006

Electronic Signature of Signing Officer or Director

Date