2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2007
Secretary of State

DOCUMENT# N01000004860

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 ( )**

Name and Address of Current Registered Agent:

BURLEY, KATHY L
929 N. SPRING GARDEN AVE., STE. 165
DELAND, FL 32720 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:	CST	( ) Delete
Name:	MARTIN, BERT T	
Address:	2805 PARKLAND BLVD.	
City-St-Zip:	TAMPA, FL 33609	
Title:	ST	( ) Delete
Name:	MOORE, ED H	
Address:	542 EAST PARK AVE.	
City-St-Zip:	TALLAHASSEE, FL 32301	
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:	D	( ) Delete
Name:	TATE, ROBERT H	
Address:	111 LAKE HOLLINGSWORTH DRIVE	
City-St-Zip:	LAKELAND, FL 33801	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	C	(X) Change ( ) Addition
Name:	FLEMING, WILLIAM JR	
Address:	901 SOUTH FLAGER DRIVE	
City-St-Zip:	WEST PALM BEACH, FL 33416	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	MD	(X) Change ( ) Addition
Name:	BURLEY, KATHY L	
Address:	929 N SPRING GARDEN AVE, STE 165	
City-St-Zip:	DELAND, FL 32720	
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: KATHY L BURLEY MD 03/08/2007

Electronic Signature of Signing Officer or Director — Date