2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004860

Entity Name: FLORIDA INDEPENDENT COLLEGE FUND INC.

Apr 12, 2008 Secretary of State

Occurrent Britanian I Blanca of Branisa	New Date dead Disease & Design
Current Principal Place of Business:	New Principal Place of Business

542 EAST PARK AVE. TALLAHASSEE, FL 32301

Current Mailing Address: New Mailing Address:

542 EAST PARK AVE TALLAHASSEE, FL 32301

FEI Number: 59-1919098 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BOYD, ROBERT J ESQ 310 WEST COLLEGE AVE THIRD FLOOR TALLAHASSEE, FL 32301 US

OFFICERS AND DIRECTORS:

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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete FLEMING, WILLIAM JR MOORE, EDWIN H Name: Name:

901 SOUTH FLAGER DRIVE Address: 542 E PARK AVE Address:

City-St-Zip: WEST PALM BEACH, FL 33416 City-St-Zip: TALLAHASSEE, FL 32301 US

Title: Title: (X) Change () Addition () Delete Name: MOORE, ED H Name: KIRK, ART F JR. Address: 542 EAST PARK AVE. Address: 33701 STATE ROAD 52, MC2187

City-St-Zip: TALLAHASSEE, FL 32301 City-St-Zip: SAINT LEO, FL 33574 US

Title: MD () Delete Title: VCD (X) Change () Addition BURLEY, KATHY L Name: CASALE, FRANKLYN M REV Name: 929 N SPRING GARDEN AVE, STE 165 Address: Address: 16401 NW 37TH AVENUE

City-St-Zip: DELAND, FL 32720 City-St-Zip: MIAMI GARDENS, FL 33054 US

(X) Change () Addition Title: () Delete Title: SD CASALE, FRANKLYN Name: Name: CATANESE, ANTHONY J 16400 NW 32ND AVENUE 150 WEST UNIVERSITY BOULEVARD Address: Address:

City-St-Zip: MIAMI, FL 33054 City-St-Zip: MELBOURNE, FL 32901 US

Title: () Delete Title: (X) Change () Addition

EDWARDS, BARBARA ABARE, WILLIAM T JR. Name: Name: 15800 NW 42ND AVENUE 74 KING STREET Address: Address:

ST. AUGUSTINE, FL 32085 US City-St-Zip: MIAMI, FL 33054 City-St-Zip:

Title: (X) Delete Title: () Change () Addition TATE, ROBERT H Name: Name:

Address: 111 LAKE HOLLINGSWORTH DRIVE Address: LAKELAND, FL 33801 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: EDWIN H. MOORE MD 04/12/2008