

2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Sep 03, 2004 8:00 am
Secretary of State

09-03-2004 90005 049 ****70.00

DOCUMENT # N03000000206

1. Entity Name
COLLEGE PROSPECTS DEVELOPMENT GROUP,
INC.



Principal Place of Business
6231 CANVASBACK LN
ORLANDO, FL 32810

Mailing Address
6231 CANVASBACK LN
ORLANDO, FL 32810

2. Principal Place of Business
8129 ANISE GROVE LANE
Suite, Apt. #, etc.
APT. H

3. Mailing Address
8129 ANISE GROVE LANE
Suite, Apt. #, etc.
APT. H

City & State
Orlando, FL

City & State
Orlando, FL

Zip
32818

Country
USA

Zip
32818

Country
USA

06032004 Chg-NP CR2E037 (10/03)

4. FEI Number
~~55-2339470~~ 56-2339470

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MORGAN, EVERARD W
6231 CANVASBACK LN
ORLANDO, FL 32810

7. Name and Address of New Registered Agent

Name Morgan, EVERARD W.

Street Address (P.O. Box Number is Not Acceptable)

8129 ANISE GROVE LANE

APT. H

City Orlando, FL

FL Zip Code 32818

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Everard W. Morgan

6/3/04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE DPS ☐ Delete
NAME MORGAN, EVERARD W
STREET ADDRESS 6231 CANVASBACK LN
CITY-ST-ZIP ORLANDO, FL 32810

TITLE DT ☐ Delete
NAME MORGAN, ERNESTINE S
STREET ADDRESS 6231 CANVASBACK LN
CITY-ST-ZIP ORLANDO, FL 32810

TITLE DV ☒ Delete
NAME MORGAN, RUBYEN
STREET ADDRESS 6231 CANVASBACK LN
CITY-ST-ZIP ORLANDO, FL 32810

TITLE D ☒ Delete
NAME MORGAN, ERROL
STREET ADDRESS 6231 CANVASBACK LN
CITY-ST-ZIP ORLANDO, FL 32810

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DPS ☒ Change ☐ Addition
NAME Morgan, EVERARD W.
STREET ADDRESS 8129 ANISE GROVE LANE APT. H
CITY-ST-ZIP Orlando, FL 32818

TITLE DT ☒ Change ☐ Addition
NAME Morgan, ERNESTINE
STREET ADDRESS 8129 ANISE GROVE LANE APT. H
CITY-ST-ZIP Orlando, FL 32818

TITLE DV ☐ Change ☒ Addition
NAME Mark G. Ferguson
STREET ADDRESS 8129 ANISE GROVE LANE APT. H
CITY-ST-ZIP Orlando, FL 32818

TITLE D ☐ Change ☒ Addition
NAME Donald Chance
STREET ADDRESS 8129 ANISE GROVE LANE APT. H
CITY-ST-ZIP Orlando, FL 32818

TITLE D ☐ Change ☒ Addition
NAME Alvin Brinson
STREET ADDRESS 8129 ANISE GROVE LANE APT. H
CITY-ST-ZIP Orlando, FL 32818

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

Everard W. Morgan

06/03/04 407-297-7213

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #