

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005347

FILED
Mar 16, 2005
Secretary of State

Entity Name: FRIENDS OF FOREMAN CHRISTIAN COLLEGE, INC.

Current Principal Place of Business:

555 5TH AVENUE NE
SUITE 914
ST. PETERSBURG, FL

New Principal Place of Business:

Current Mailing Address:

555 5TH AVENUE NE
SUITE 914
ST. PETERSBURG, FL

New Mailing Address:

3434 ROSWELL ROAD
ATLANTA, GA 30305

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARMACOST, PETER
555 5TH AVENUE NE
SUITE 914
ST. PETERSBURG, FL 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: PSD () Delete
Name: ARMACOST, PETER H
Address: 555 5TH AVENUE NE
City-St-Zip: ST. PETERSBURG, FL

Title: TD () Delete
Name: FERGUSON, DUNCAN
Address: 4710-D COQUINS KEYS DR SE
City-St-Zip: ST. PETERSBURG, FL 33705

Title: VD () Delete
Name: STONER, DAVID
Address: 1396 N. CRAFTSBURY ROAD
City-St-Zip: CRAFTSBURY COMMON, VT 05827

Title: D () Delete
Name: MARKER, JAMSHEED
Address: 661 BAY LAUREL COURT NE
City-St-Zip: ST. PETERSBURG, FL 33703

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: () 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 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 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: PETER ARMACOST

PSD

03/16/2005

Electronic Signature of Signing Officer or Director

_____ Date