

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004976

Entity Name: AIDAN UNIVERSITY, INC

FILED  
Mar 04, 2009  
Secretary of State

## Current Principal Place of Business:

9000 REGENCY SQUARE BLVD.  
JACKSONVILLE, FL 32211

## New Principal Place of Business:

11152 OAK RIDGE DR SO  
JACKSONVILLE, FL 32225

## Current Mailing Address:

9000 REGENCY SQUARE BLVD.  
JACKSONVILLE, FL 32211

## New Mailing Address:

11152 OAK RIDGE DR SO  
JACKSONVILLE, FL 32225

FEI Number: 20-1136774

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TRAVIS, DEBORAH A  
11152 OAKRIDGE DR. SO  
JACKSONVILLE, FL 32225 US

## Name and Address of New Registered Agent:

TRAVIS, DEBORAH A  
11152 OAK RIDGE DR. SO  
JACKSONVILLE, FL 32225 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: DEBORAH TRAVIS

03/04/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: TRAVIS, CHARLES T  
Address: 11152 OAKRIDGE DR. SO  
City-St-Zip: JACKSONVILLE, FL 32225 US

Title: VP ( ) Delete  
Name: THOMSON, ROBERT  
Address: 4106 ROGERO RD  
City-St-Zip: JACKSONVILLE, FL 32277 US

Title: S/T ( ) Delete  
Name: TRAVIS, DEBORAH A  
Address: 11152 OAKRIDGE DR. SO  
City-St-Zip: JACKSONVILLE, FL 32225 US

## 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:

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: CHARLES TRAVIS

P

03/04/2009

Electronic Signature of Signing Officer or Director

Date