


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 01, 2007 8:00 am**  
**Secretary of State**


03-01-2007 90014 040 \*\*\*\*61.25

|   |   |
|---|---|
| <b>DOCUMENT # N04000008562</b>                    |  |
| 1. Entity Name<br><b>EMBASSY UNIVERSITY, INC.</b> |   |

|  |  |
|--|--|
| Principal Place of Business<br><b>4428 LAFAYETTE STREET<br/>MARIANNA, FL 32446</b> | Mailing Address<br><b>4428 LAFAYETTE STREET<br/>MARIANNA, FL 32446</b> |
|--|--|

|  |         |                     |         |
|--|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.                            |         | Suite, Apt. #, etc. |         |
| City & State                                   |         | City & State        |         |
| Zip  | Country | Zip                 | Country |

**40026000**



01092007 Chg-NP CR2E037 (12/06)

|   |   |
|---|---|
| 4. FEI Number<br><b>NOT APPLICABLE</b>                    | Applied For<br><input type="checkbox"/> |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required   |

|   |  |  |  |
|---|--|--|--|
| 6. Name and Address of Current Registered Agent                             |  | 7. Name and Address of New Registered Agent        |  |
| <b>MELVIN, DAVID H MR.<br/>4428 LAFAYETTE STREET<br/>MARIANNA, FL 32446</b> |  | Name   |  |
|   |  | Street Address (P.O. Box Number is Not Acceptable) |  |
|   |  | City   |  |
|   |  | FL Zip Code  |  |

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

|   |   |                                    |  |
|---|---|------------------------------------|--|
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2007</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00</b> May Be Added to Fees | <b>Make check payable to<br/>Florida Department of State</b> |
|---|---|------------------------------------|--|

| 10. OFFICERS AND DIRECTORS                     |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |  |
|--|---|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DP<br>GOTHARD, WILLIAM M DR.<br>1027 ARLINGTON<br>LAGRANGE, IL 60525 <input type="checkbox"/> Delete                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | DV<br>Boring, Billy R. Dr.<br>2021 Hillcrest Ct<br>McKinney, TX 75070 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DS<br>BLACKWOOD, ROY DR.<br>1175 PRINCETON PLACE<br>ZIONSVILLE, IN 46077 <input type="checkbox"/> Delete                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | D<br>Boyd, William M.<br>14 Wooded Gate<br>Dallas, TX 75230 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DV<br>HILL, THOMAS A<br>2645 NW 26TH STREET<br>OKLAHOMA CITY, OK 73107 <input checked="" type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | D<br>Hudgens, Ralph T.<br>6509 Hwy 106 S.<br>Hull, GA 30646 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>JOHNSON, SAMUEL R<br>7105 HAVENCREST CT.<br>PLANO, TX 75074 <input type="checkbox"/> Delete                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | T<br>Fredrickson, Dwight M. Dr.<br>10 Cheval Dr.<br>Oak Brook, IL 60523 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>CANTRELL, WESLEY E<br>4041 RANDALL MILL ROAD, N.W.<br>ATLANTA, GA 303273103 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ASO<br>BARTH, ROBERT J<br>1211 BIRCHWOOD ROAD<br>OAK BROOK, IL 60523 <input type="checkbox"/> Delete                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** Robert J. Barth, Asst. Secretary **2-22-07** **630-323-9800**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #