2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2009
Secretary of State

DOCUMENT# N04000008562

Entity Name: EMBASSY UNIVERSITY, INC.

Current Principal Place of Business:

4428 LAFAYETTE STREET
MARIANNA, FL 32446

New Principal Place of Business:

Current Mailing Address:

4428 LAFAYETTE STREET
MARIANNA, FL 32446

New Mailing Address:

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

Name and Address of Current Registered Agent:

MELVIN, DAVID H MR.
4428 LAFAYETTE STREET
MARIANNA, FL 32446 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: DP ( ) Delete
Name: GOTHARD, WILLIAM M DR.
Address: 1027 ARLINGTON
City-St-Zip: LAGRANGE, IL 60525

Title: DS ( ) Delete
Name: BLACKWOOD, ROY DR.
Address: 1175 PRINCETON PLACE
City-St-Zip: ZIONSVILLE, IN 46077

Title: DV ( ) Delete
Name: BARING, BILLY R DR.
Address: 2021 HILLCREST CT.
City-St-Zip: MC KINNEY, TX 75070

Title: D ( ) Delete
Name: JOHNSON, SAMUEL R
Address: 7105 HAVENCREST CT.
City-St-Zip: PLANO, TX 75074

Title: D ( ) Delete
Name: BOYD, WILLIAM M
Address: 14 WOODED GETE
City-St-Zip: DALLAS, TX 75230

Title: ASO ( ) Delete
Name: BARTH, ROBERT J
Address: 1211 BIRCHWOOD ROAD
City-St-Zip: OAK BROOK, IL 60523

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:

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: DAVID H. MELVIN RA 01/26/2009

Electronic Signature of Signing Officer or Director — Date