

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
Aug 07, 2006 8:00 am  
Secretary of State**

08-07-2006 90041 022 \*\*\*\*70.00

<b>DOCUMENT # N05000011247</b>		
<p>1. Entity Name  <b>NEW COLLEGE OF FLORIDA DEVELOPMENT CORPORATION</b></p>		

Principal Place of Business  
**5700 NORTH TAMiami TRAIL  
SARASOTA, FL 34243**

Mailing Address  
**5700 NORTH TAMiami TRAIL  
SARASOTA, FL 34243**

2. Principal Place of Business  
**Suite, Apt. #, etc.**

3. Mailing Address  
**Suite, Apt. #, etc.**

City & State  
**CITY & STATE**

City & State  
**CITY & STATE**

Zip  
**ZIP**

Zip  
**ZIP**

Country  
**Country**

6. Name and Address of Current Registered Agent

**PFEIFFER, STEVEN  
5700 NORTH TAMiami TRAIL  
SARASOTA, FL 34343**

<p>7. Name and Address of New Registered Agent</p> <p>Name  <b>PFEIFFER, STEVEN</b></p> <p>Street Address (P.O. Box Number is Not Acceptable)  <b>5700 NORTH TAMiami TRAIL</b></p> <p>City  <b>SARASOTA, FL 34343</b></p>	
<p>4. FEI Number  <b>20-4398131</b></p> <p>5. Certificate of Status Desired  <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b></p>	
Applied For	Not Applicable

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

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 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution.

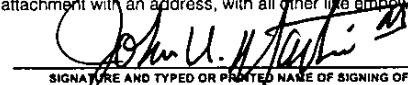
**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

<p>10. OFFICERS AND DIRECTORS</p> <p>TITLE  <b>PD</b></p> <p>NAME  <b>MICHALSON, GORDON</b></p> <p>STREET ADDRESS  <b>5700 NORTH TAMiami TRAIL</b></p> <p>CITY-ST-ZIP  <b>SARASOTA, FL 34243</b></p>		<p>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</p> <p>TITLE  <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>NAME  <b>MARTIN, JOHN</b></p> <p>STREET ADDRESS  <b>5700 NORTH TAMiami TRAIL</b></p> <p>CITY-ST-ZIP  <b>SARASOTA, FL 34243</b></p>	
<p>TITLE  <b>SD</b></p> <p>NAME  <b>CRANOR, JOHN</b></p> <p>STREET ADDRESS  <b>5700 NORTH TAMiami TRAIL</b></p> <p>CITY-ST-ZIP  <b>SARASOTA, FL 34243</b></p>		<p>TITLE  <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>NAME  <b>PRESHA, MICKEY</b></p> <p>STREET ADDRESS  <b>12214 US 301 NORTH</b></p> <p>CITY-ST-ZIP  <b>PARRISH, FL 34219</b></p>	
<p>TITLE  <b>D</b></p> <p>NAME  <b>BAKER, BRADFORD</b></p> <p>STREET ADDRESS  <b>760 NORTH RIVER ROAD</b></p> <p>CITY-ST-ZIP  <b>VENICE, FL 34293</b></p>		<p>TITLE  <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>NAME  <b>John U. Martin</b></p> <p>STREET ADDRESS  <b>8/2/06</b></p> <p>CITY-ST-ZIP  <b>941-359-4515</b></p>	
<p>TITLE  <b>D</b></p> <p>NAME  <b>John U. Martin</b></p> <p>STREET ADDRESS  <b>8/2/06</b></p> <p>CITY-ST-ZIP  <b>941-359-4515</b></p>		<p>TITLE  <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>NAME  <b>John U. Martin</b></p> <p>STREET ADDRESS  <b>8/2/06</b></p> <p>CITY-ST-ZIP  <b>941-359-4515</b></p>	

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:



John Martin

8/2/06

941-359-4515

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR