

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

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

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

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

07052006 Chg-NP CR2E037 (4/06)

Zip

Zip

Country

4. FEI Number
20-4398131

Applied For
Not Applicable

5. Certificate of Status Desired
 **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

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

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**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
PD
NAME
MICHALSON, GORDON
STREET ADDRESS
5700 NORTH TAMiami TRAIL
CITY-ST-ZIP
SARASOTA, FL 34243

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
SD
NAME
MARTIN, JOHN
STREET ADDRESS
5700 NORTH TAMiami TRAIL
CITY-ST-ZIP
SARASOTA, FL 34243

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
D
NAME
CRANOR, JOHN
STREET ADDRESS
5700 NORTH TAMiami TRAIL
CITY-ST-ZIP
SARASOTA, FL 34243

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
D
NAME
PRESHA, MICKEY
STREET ADDRESS
12214 US 301 NORTH
CITY-ST-ZIP
PARRISH, FL 34219

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
D
NAME
BAKER, BRADFORD
STREET ADDRESS
760 NORTH RIVER ROAD
CITY-ST-ZIP
VENICE, FL 34293

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

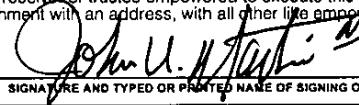
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change 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: 

John Martin

8/2/06

941-359-4515

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR