

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010673

FILED
Sep 06, 2007
Secretary of State

Entity Name: FENELON UNIVERSITY INC.

Current Principal Place of Business:

2211 N. FLORIDA AVENUE
TAMPA, FL 33602

New Principal Place of Business:

Current Mailing Address:

2211 N. FLORIDA AVENUE
TAMPA, FL 33602

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

FENELON, FRANCOEUR
2211 N. FLORIDA AVENUE
TAMPA, FL 33602 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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: FENELON, FRANCOEUR
Address: 2211 N. FLORIDA AVENUE
City-St-Zip: TAMPA, FL 33602

Title: VD () Delete
Name: MICHEL, JHONNY DR.
Address: 1019 CHELTEN AVENUE
City-St-Zip: PHILADELPHIA, PA

Title: STD () Delete
Name: FREDERIC, MARIE E
Address: 1324 JENKINS AVENUE #2
City-St-Zip: CHARLOTTE, NC 28211

Title: D () Delete
Name: PELT NEWTON M. JR.,
Address: 6709 ROBINIA ROAD
City-St-Zip: CAMP SPRINGS, MD 20748

Title: D () Delete
Name: AVENARD, JHONNY
Address: 5507 SEATTLE SLEW DRIVE
City-St-Zip: ZEPHIRHILLS, FL 33544

Title: D () Delete
Name: MICHEL, HENRY
Address: 1019 CHELTEN AVENUE
City-St-Zip: PHILADELPHIA, PA 19126

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: FRANCOEUR FENELON

PTD

09/06/2007

Electronic Signature of Signing Officer or Director

Date