


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

4/ **FILED**  
**Aug 14, 2008 8:00 am**  
**Secretary of State**

04-16-2008 90027 030 \*\*\*\*70.00

DOCUMENT # N06000012024					
1. Entity Name <b>TELIOS UNIVERSITY, INC.</b>					
Principal Place of Business <b>1015 ATLANTIC BLVD., STE. 291 JACKSONVILLE, FL 33541</b>			Mailing Address <b>1015 ATLANTIC BLVD., STE. 291 JACKSONVILLE, FL 33541</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		Country		Country	
6. Name and Address of Current Registered Agent <b>GILDART, SHARON 34605 ROSEBUD ROW ZEPHYRHILLS, FL 33541</b>					
7. Name and Address of New Registered Agent Name <b>Alston W. Oliver</b> Suite <b>291</b> Street Address (P.O. Box Number is Not Acceptable) <b>1015 Atlantic Blvd., Suite 291</b> City <b>Jacksonville</b> FL <b>33541</b>					
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 <i>Alston W. Oliver</i> <b>Alston W. Oliver</b> <b>04/14/08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LYONS, BYRON P.		NAME		
STREET ADDRESS	15 PINE CREST ST.		STREET ADDRESS		
CITY-ST-ZIP	FREDERICTON, NB, CA., E3B5E3		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SAWLER, RUTH		NAME		
STREET ADDRESS	37 CLARK ST.		STREET ADDRESS		
CITY-ST-ZIP	HARTLAND, NB CA, E7P 1L3.		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GILDART, SHARON		NAME	<b>D Lisa M. Costa</b>	
STREET ADDRESS	34605 ROSEBUD ROW		STREET ADDRESS	<b>RR #2, Box 316</b>	
CITY-ST-ZIP	ZEPHYRHILLS, FL 33541		CITY-ST-ZIP	<b>Old Town, ME 04468</b>	
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	OLIVER, ALSTON W.		NAME		
STREET ADDRESS	108 OAK ST.		STREET ADDRESS		
CITY-ST-ZIP	MILFORD, ME 04461		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	OLIVER, THERESA F.		NAME		
STREET ADDRESS	108 OAK ST.		STREET ADDRESS		
CITY-ST-ZIP	MILFORD, ME 04461		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Alston W. Oliver, President</i>			<b>04/14/2008</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

66015944



04142008 Chg-NP CR2E037 (12/06)

4. FEI Number  
20-8479402

Applied For  
Not Applicable

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

Filing Fee is \$61.25  
Due by May 1, 2008

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

TITLE	D	<input type="checkbox"/> Delete
NAME	LYONS, BYRON P.	
STREET ADDRESS	15 PINE CREST ST.	
CITY-ST-ZIP	FREDERICTON, NB, CA., E3B5E3	
TITLE	D	<input type="checkbox"/> Delete
NAME	SAWLER, RUTH	
STREET ADDRESS	37 CLARK ST.	
CITY-ST-ZIP	HARTLAND, NB CA, E7P 1L3.	
TITLE	D	<input type="checkbox"/> Delete
NAME	GILDART, SHARON	
STREET ADDRESS	34605 ROSEBUD ROW	
CITY-ST-ZIP	ZEPHYRHILLS, FL 33541	
TITLE	P	<input type="checkbox"/> Delete
NAME	OLIVER, ALSTON W.	
STREET ADDRESS	108 OAK ST.	
CITY-ST-ZIP	MILFORD, ME 04461	
TITLE	T	<input type="checkbox"/> Delete
NAME	OLIVER, THERESA F.	
STREET ADDRESS	108 OAK ST.	
CITY-ST-ZIP	MILFORD, ME 04461	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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SIGNATURE: *Alston W. Oliver, President*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04/14/2008**  
Date Daytime Phone #

ATTACHMENT  
66015944  
#N06000012024  
TELOIS UNIVERSITY  
1015 ATLANTIC BLVD., SUITE 291  
JACKSONVILLE, FL 33541

August 12, 2008

DIVISION OF CORPORATIONS  
P.O. BOX 1500  
TALLAHASSEE, FL 32302-1500

To Whom It May Concern:

Pursuant of our conversation today (08/12/08) with an employee at your office who helped me identify the correction that needed to be made so Telios University's Annual report can be processed/filed. You will find enclosed the correction made on the 2008 Annual Report. A new Board Director, namely, Mrs. Lisa M. Cote was added to the Board of Directors> Thus under the section of changes in officers the "D"/ Director was missing that comes in front of Mrs. Cote's. The "D" is now there (see enclosed attachment and correction).

Sincerely,

Alston W. Oliver

Alston W. Oliver, Ph.D.  
President

PS → Please send Certification  
of 2008 Incorporation  
to :  
FW  
P.O. Box 28  
DIDTOWN, ME 04468

Telephone (800) 473-3137)