

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000009407

FILED
Jan 06, 2010
Secretary of State

Entity Name: COLLEGE OF MEDICINE CLASS OF 2011 INC.

Current Principal Place of Business:

1115 WEST CALL STREET
TALLAHASSEE, FL 32306

New Principal Place of Business:

Current Mailing Address:

3219 INDEPENDENCE COURT
TALLAHASSEE, FL 32312

New Mailing Address:

3900 YORKTOWNE BLVD
APT 1606
PORT ORANGE, FL 32129

FEI Number: 14-2007994

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSON, EVAN
1115 WEST CALL STREET
TALLAHASSEE, FL 32306 US

Name and Address of New Registered Agent:

RODBY, KATHERINE
3900 YORKTOWNE BLVD
APT 1606
PORT ORANGE, FL 32129 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: KATHERINE RODBY

01/06/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: LUCKE, ASHLEY M
Address: 3219 INDEPENDENCE COURT
City-St-Zip: TALLAHASSEE, FL 32312 US

Title: VP
Name: HENRY, DANIELLE
Address: 1115 WEST CALL STREET
City-St-Zip: TALLAHASSEE, FL 3230 US

Title: T
Name: RODBY, KATHERINE A
Address: 3900 YORKTOWNE BLVD
City-St-Zip: PORT ORANGE, Q 32129 US

Title: S
Name: LUNDQUIST-SMITH, LAYLA
Address: 1115 WEST CALL STREET
City-St-Zip: TALLAHASSEE, FL 32306 US

I hereby 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 all other like empowered.

SIGNATURE: KATHERINE RODBY

T

01/06/2010

Electronic Signature of Signing Officer or Director

Date