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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

03-01-1999 90218 034 ****61.25

DOCUMENT # N10822

1. Corporation Name

ROLLINS COLLEGE

Principal Place of Business
1000 HOLT AVENUE
WINTER PARK FL 32789-4499

Mailing Address
1000 HOLT AVE 2715
WINTER PARK FL 32789-4499
US



2. Principal Place of Business

2a. Mailing Address

3. Date incorporated or Qualified
04/28/1885

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-0624440

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TRISMEN, RICHARD F., ESQUIRE
213 W COMSTOCK AVE
WINTER PARK FL 32779

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CD DELETE
NAME FREDERICK, WILLIAM JR D
STREET ADDRESS 1000 HOLT AVENUE
CITY-ST-ZIP WINTER PARK FL

1.1 TITLE Theodore J. Hoepner Change Addition
1.2 NAME
1.3 STREET ADDRESS 1000 Holt Avenue
1.4 CITY-ST-ZIP Winter Park, FL

TITLE PD DELETE
NAME BORNSTEIN, RITA
STREET ADDRESS 1000 HOLT AVENUE
CITY-ST-ZIP WINTER PARK FL

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE VT DELETE
NAME HERBST, GEORGE H
STREET ADDRESS 1000 HOLT AVE
CITY-ST-ZIP WINTER PARK FL

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE S DELETE
NAME TRISMEN, RICHARD F.
STREET ADDRESS 1000 HOLT AVENUE
CITY-ST-ZIP WINTER PARK FL

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE V DELETE
NAME EDMONDSON, CHARLES M.
STREET ADDRESS 1000 HOLT AVENUE
CITY-ST-ZIP WINTER PARK FL

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE V DELETE
NAME JOHNSON, WARREN A.
STREET ADDRESS 1000 HOLT AVE
CITY-ST-ZIP WINTER PARK FL

6.1 TITLE Anne B. Kerr Change Addition
6.2 NAME
6.3 STREET ADDRESS 1000 Holt Avenue
6.4 CITY-ST-ZIP Winter Park, FL

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature of Warren A. Johnson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

407-646-2117

CR2E037 (1/198)