

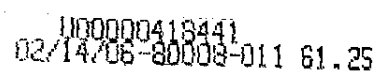
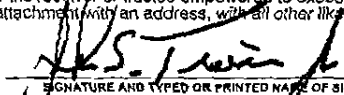


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # N37572 1. Entity Name BARTRAM CAMPUS/BOLLES, INC.			
Principal Place of Business 2264 BARTRAM RD JACKSONVILLE, FL 32207		Mailing Address 7400 SAN JOSE BLVD JACKSONVILLE, FL 32217	
DO NOT WRITE IN THIS SPACE			
		01262006 No Chg-NP CR2ED37 (11/05)	
		4. FEI Number 59-0624365	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent TRAINER, JR., JOHN E PHD 7400 SAN JOSE BLVD JACKSONVILLE, FL 32217		DO NOT WRITE IN THIS SPACE	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		 DO NOT WRITE IN THIS SPACE	
TITLE	PHT		
NAME	TRAINER, JR., JOHN E PHD		
STREET ADDRESS	7400 SAN JOSE BLVD		
CITY- ST- ZIP	JACKSONVILLE, FL 32217		
TITLE	D		
NAME	HARTLEY, RUTH, M		
STREET ADDRESS	7400 SAN JOSE BLVD		
CITY- ST- ZIP	JACKSONVILLE, FL 32217		
TITLE	D		
NAME	RICHARD T. ANDERSON		
STREET ADDRESS	2264 BARTRAM ROAD		
CITY- ST- ZIP	JACKSONVILLE, FL 32207		
TITLE			
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE			
NAME			
STREET ADDRESS			
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		1/26/06 904-733-9292 Date Daytime Phone #	