

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44388

FILED
Mar 04, 2008
Secretary of State

Entity Name: NATIONAL NETWORK OF HEALTH CAREER PROGRAMS IN TWO-YEAR COLLEGES, INC.

Current Principal Place of Business:

3000 NW 83RD ST.
GAINESVILLE, FL 32606 US

New Principal Place of Business:

Current Mailing Address:

714 HARSH ROAD
MARBLEHEAD, OH 43440 US

New Mailing Address:

FEI Number: 59-3079411

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

NICHOLS, LINDA R MS.
3000 NW 83RD ST.
GAINESVILLE, FL 32606 US

Name and Address of New Registered Agent:

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: O () Delete
Name: LANG, JANELL MS
Address: P.O. BOX 10,000
City-St-Zip: TOLEDO, OH 81004 US

Title: O () Delete
Name: DOINIDIS, ELGENE DR
Address: 1751 RADCLIFF ST.
City-St-Zip: GARDEN CITY, MI 48135 US

Title: D () Delete
Name: HERNANDEZ, RICHARD DR
Address: P.O. BOX 118067
City-St-Zip: CHARLESTON, SC 29423 US

Title: O () Delete
Name: GREY, PATRICIA DR.
Address: 700 CARNEGIE AVE
City-St-Zip: CLEVELAND, OH 44115 US

Title: D () Delete
Name: SIMMONS, LOIS MS
Address: 7201 ROSSVILLE
City-St-Zip: BALTIMORE, MD 21237

Title: O () Delete
Name: JONES, BARBARA R DR
Address: 1201 BAYOU DRIVE
City-St-Zip: MONROE, LA 71203 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: O (X) Change () Addition
Name: OLSON, LUANNE DR
Address: 1600 E GOLF RD
City-St-Zip: DES PLAINES, IL 60016 US

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: O (X) Change () Addition
Name: LOOCHTAN, ANNE DR
Address: 3520 CENTRAL PARKWAY
City-St-Zip: CINCINNATI, OH 45223 US

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: CULLEN JOHNSON

D

03/04/2008

Electronic Signature of Signing Officer or Director

Date