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NONPROFIT CORPORATION ANNUAL REPORT

1996



SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #	N93000001761	(6

THE FLORIDA COUNCIL OF PRIVATE COLLEGES, INC.

THE FLORIDA COUNCIL OF P	THE GOLLLAND MAN					
Principal Place of Business	Mailing Address					
2222 E HINSON AVE	2222 E HINSON AVE HAINES CITY FL 33844					
HAINES CITY FL 33844	I MINE OF THE COOL		3. Date Incorporated or Qualified 04/19/1993		of Last R 3/03/19	3 5
2. Principal Place of Business	2a. Mailing Address		4. FEI Number NOT APPLICABLE			plied For
]	26		NOT APPLICABLE			ot Applicable Additional
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	M _	—	equired
City & State	City & State		6. Election Campaign Financing			May Be to Fees
	28	T 0	Trust Fund Contribution 8. This corporation has liability for in			
Zip Country	Zip	Country 30	Florida Statutes	_] Yes [_]∣	No	
9. Name and Address of C		1901	10. Name and Address of New R	egistered A	gent	
3. (10.10)		81 Name				
LEE, EARLE E		82 Street Addr	ress (P.O. Box Number is Not Acceptab	ile)		
2222 E HINSON AVE		00				
HAINES CITY FL 33844		83				
		84 City		FL	85 Zip	Code
	st Cockon 617 0503. Florida Statutes	1	ration submits this statement for the pur rd of directors. I hereby accept the app			
familiar with, and accept the obligations of		DIE Begisteres Agent signature recluire	od when reinstahing"	DATE		
familiar with, and accept the obligations of SIGNATURE Signature, typed or pented name of register.			od when renistating' ADDITIONS/CHANGES 10 OFF	ICERS AND		
SIGNATURE Signature, typed or pented name of register OFFICE	ared agent and title if applicable (NC	OTE Registereo Agent signature recjuire	od when revisitating)* ADDITIONS/CHANGES 10 OFF	ICERS AND	DIRFC10	
familiar with, and accept the obligations of SIGNATURE Signature, typed or printed name of register. 12. OFFICE TITLE D LEE, EARLE E	ered agent and title if applicable (NC RS AND DIRECTORS	11. Registereo Agent signature rericire 13. 1.1 TITLE 1.2 NAME	ad when renisitating* ADDITIONS/CHANGES TO OFF	ICERS AND		
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