2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2005
Secretary of State

DOCUMENT# N93000001761

Entity Name: COUNCIL OF PRIVATE COLLEGES OF AMERICA, INC.

Current Principal Place of Business:

41 N. 20TH STREET, #17
HAINES CITY, FL 338444638

New Principal Place of Business:

Current Mailing Address:

41 N. 20TH STREET, #17
HAINES CITY, FL 338444638

New Mailing Address:

FEI Number: 59-3584371 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEE, EARLE E
41 N. 20TH STREET, #17
HAINES CITY, FL 338444638 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: D ( ) Delete
Name: LEE, EARLE E
Address: 41 N. 20TH STREET, #17
City-St-Zip: HAINES CITY, FL 338444638

Title: D ( ) Delete
Name: WILLIAMS, CHARLES
Address: 5238 SAN JUAN AVE
City-St-Zip: JACKSONVILLE, FL 32210

Title: D ( ) Delete
Name: WADE, LARRY E
Address: 2240 EDGEWOOD DRIVE
City-St-Zip: PANAMA CITY, FL 32405

Title: D ( ) Delete
Name: NELSON, FREDERICK H
Address: 9012 SUMMIT CENTER WAY
City-St-Zip: ORLANDO, FL 32810

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D ( ) Change (X) Addition
Name: JOHNSON, ABE DR
Address: 4085 BOTHWELL TERRACE
City-St-Zip: TALLAHASSEE, FL 32317

Title: D ( ) Change (X) Addition
Name: FREEBERG, C. WAYNE DR
Address: 8352 INNSBROOK DRIVE
City-St-Zip: TALLAHASSEE, FL 32312

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: EARLE E. LEE DR 04/19/2005

Electronic Signature of Signing Officer or Director — Date