2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2009
Secretary of State

DOCUMENT# N93000001761

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

Current Principal Place of Business:

5950 LAKEHURST DRIVE
SUITE 169
ORLANDO, FL 32819 US

New Principal Place of Business:

Current Mailing Address:

5950 LAKEHURST DRIVE
SUITE 169
ORLANDO, FL 32819 US

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 DR
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:	DP	( ) Delete
Name:	LEE, EARLE E DR	
Address:	41 N. 20TH STREET, #17	
City-St-Zip:	HAINES CITY, FL 338444638 US	
Title:	DV	( ) Delete
Name:	FREEBERG, C. WAYNE DR	
Address:	808 ESQUIRE LANE	
City-St-Zip:	ST. AUGUSTINE, FL 32092 US	
Title:	D	( ) Delete
Name:	PORTIGLIATTI, ANTHONY B DR	
Address:	5950 LAKEHURST DRIVE, SUITE 101	
City-St-Zip:	ORLANDO, FL 328198343 US	
Title:	D	( ) Delete
Name:	NELSON, FREDERICK H	
Address:	11911 EGRET BLUFF	
City-St-Zip:	CLERMONT, FL 34771	
Title:	DS	( ) Delete
Name:	FREY, DENNIS D DR	
Address:	520 KIMBER LANE	
City-St-Zip:	EVANSVILLE, IN 47715 US	
Title:	DT	( ) Delete
Name:	URICH, BRUCE W.H. DR	
Address:	2142 BONANZA AVENUE	
City-St-Zip:	WINTER PARK, FL 32792 US	

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

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: DR. EARLE E. LEE DP 04/17/2009
Electronic Signature of Signing Officer or Director — Date