


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2004 08:00 AM
Secretary of State

DOCUMENT # N98000001901 1. Entity Name KATOH LYNN COLLEGE, INC.	
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Principal Place of Business 3601 NORTH MILITARY TRAIL BOCA RATON, FL 33431	Mailing Address 3601 NORTH MILITARY TRAIL BOCA RATON, FL 33431
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DO NOT WRITE IN THIS SPACE



01162004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0910534	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RUDDY, MARGARET E
3601 NORTH MILITARY TRAIL
BOCA RATON, FL 33431

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

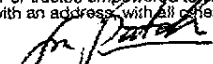
Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000034773 02/05/04-80097-007 70.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KATOH, MASAhide 3601 NORTH MILITARY TRAIL BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV NEGAMI, STEVE 3601 NORTH MILITARY TRAIL BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DEVEAU, LYNsLEY 3601 NORTH MILITARY TRAIL BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSS, DONALD E 3601 NORTH MILITARY TRAIL BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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:  **Masahide Katoh** 29/01/04 561 237-7824
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #