

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # P26090**

**(1)**

1. Corporation Name

**MOUNT IDA COLLEGE (INCORPORATED)**



Principal Place of Business

**777 DEDHAM STREET  
NEWTON CENTRE MA 02159**

Mailing Address

**777 DEDHAM STREET  
NEWTON CENTRE MA 02159**

3. Date Incorporated or Qualified  
**09/20/1989**

3a. Date of Last Report  
**02/14/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number  
**04-2104736**

Applied For  
☐ Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

City & State

City & State

23

28

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24

25

Country

29

Zip

Country

30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ZILLMAN, MARCUS  
1147 EDDINGTON PLACE  
P.O. BOX 220  
MARCO ISLAND FL 33937**

81 Name **Joe B. Cox**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**Cummings & Lockwood**  
83 **3001 Tamiami Trail N.**  
84 City **Naples** FL 85 Zip Code **33940**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *[Signature]*  
Signature, typed or printed name of registered agent and title if applicable

*[Signature]* **Joe B. Cox**  
(NOTE: Registered Agent signature required when reinstating)

**4-19-96**  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE  
NAME **CARLSON, BRYAN E.**  
STREET ADDRESS **1246 CENTRAL AVE**  
CITY-ST-ZIP **NEEDHAM, MA**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE **EVPT** ☐ DELETE  
NAME **TORAN, RALPH A**  
STREET ADDRESS **124 MARKED TREET RD**  
CITY-ST-ZIP **NEEDHAM MA**

2.1 TITLE **VTD** ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **S** ☒ DELETE  
NAME **MCGONNIGLE, MARY E**  
STREET ADDRESS **354 HIGH STREET**  
CITY-ST-ZIP **DEDHAM MA**

3.1 TITLE **Clerk of the Corporation S** ☐ Change ☒ Addition  
3.2 NAME **Greenwood, Wendy**  
3.3 STREET ADDRESS **95 Massachusetts Ave**  
3.4 CITY-ST-ZIP **Dedham MA 02026**

TITLE **D** ☒ DELETE  
NAME **CARLSON, EDWARD W.**  
STREET ADDRESS **777 DEDHAM STREET**  
CITY-ST-ZIP **NEWTON CENTRE MA**

4.1 TITLE **D** ☐ Change ☒ Addition  
4.2 NAME **Smith, Walter J**  
4.3 STREET ADDRESS **3555 Gordon Drive**  
4.4 CITY-ST-ZIP **Naples FL 33940**

TITLE **D** ☒ DELETE  
NAME **CARLSON, F. ROY**  
STREET ADDRESS **777 DEDHAM STREET**  
CITY-ST-ZIP **NEWTON CENTRE MA**

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☒ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/18/96** **(617) 928-4516**  
Date Daytime Phone #

CR2E037 (12/95)