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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

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Mar 18 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P26090

(1)

MOUNT IDA COLLEGE (INCORPORATED)

	(•								
Principal Plac	e of Business	Mailing A	Mailing Address				-{	ANG PIBU PIBU BI	## ###################################	DI 0 D 10
777 DEDHAM S NEWTON CENT		777 DEDHAM STREET NEWTON CENTRE MA 02159-3323								
							3. Date Incorporated or Qualified 09/20/1989	3a. Date of 05/ 0	Last Re 01/19	96
⊢ .	lace of Business	2a. Mailin	g Address				4. FEI Number 04-2104736			plied For
21 Suite, Apt	# etc	26 Suite	Suite, Apt. #, etc.				₱ 0 7 5 ∧ 3.89 → 4			
22			27				5. Certificate of Status Desired		Fee Re	
City & State			City & State				6. Election Campaign Financing	\$	5.00	May Be
23		28					Trust Fund Contribution		Added to	
Zip	Country	Zip		Count	ry		8. This corporation has liability for i			199.032,
24	25 9. Name and Address of Curre	29 ont Registered A		30			Florida Statutes 10. Name and Address of New Re	Yes X No		
	5. Hamo and Address of Carlo	int Hegistorea P	·yom	8	1 N	lame	TO, Hamo and Address of Hori Fic	gistorea Agen		
COX, JO)F R					4	ess (P.O. Box Number is Not Acceptab	.(a)		-
	NGS & LOCKWOOD		82 Street /			areet Addre	ess (P.O. Box Number is Not Acceptat	₁e)		
	MIAMI TRAIL NORTH			8	3					
NAPLES	FL 33940			8	4 0	lity		85	Žip C	Code
						•				
11. Pursuant office or r	to the provisions of Sections 617.05 egistored agent, or both, in the State	02 and 617.1508 e of Florida. Suc	3, Florida Statu h change was	ites, the abo authorized l	ve-na by thi	amed corpo e corporatio	oration submits this statement for the pon's board of directors. I hereby accep	urpose of char at the appointm	iging its ient as r	registered registered
agent la	m familiar with, and accept the oblig	gations of, Section	on 617.0503, F	lorida Statut	es.	•	,			Ĭ
SIGNATURE .	Signature, typed or printed name of registered ag	and part tills of anythod	<u> </u>	C +	, A	444	d when reinstating)	S [] 4	1.7	
12.		ND DIRECTORS	. (140)	13.	gent bi	grad e require	ADDITIONS/CHANGES TO OFFIC	ERS AND DIR	CIOR	S IN 12
TITLE	PD		DELETE	1.1 TITLE		T			Change	☐ Addition
NAME	CARLSON, BRYAN E.			1.2 NAM	F					
STREET ADDRESS	1246 CENTRAL AVE			1.3 STRE	ET ADD	RESS				1
CITY-ST-ZIP	NEEDHAM, MA		DELETE	1.4 CITY		Ρ		· · · · · · · · · · · · · · · · · · ·		TT Agains
TITLE	VTD Toran, ralph a		DELETE	2.1 TITLE 2.2 NAM				LJV	Change	Addition
NAME STREET ADDRESS	124 MARKED TREET RD			2.3 STRE		10000				
CITY-ST-ZIP	NEEDHAM MA			2.4 CITY						
TITLE	8	and the state of t	DELETE	3.1 TITLE	•	S			hange	Addition
NAME	GREENWOOD, WENDY		•	3.2 NAM	E	TAY	ILOR, CAROLE			ļ
STREET ADDRESS	95 MASSACHUSETTS AVEN	IUE		3.3 STRE	ET ADD	RESS 27	05 STEARNS HILL RD			
CITY-ST-ZIP	DEDHAM MA			3.4. C(1)		IP WA	LTHAM MA DaISY			
TITLE	D OMITH WALTED I		☐ DELETE	4.1 Title					Change	Addition
NAME	SMITH, WALTER J 3555 GORDON DRIVE			4. 2 NAM		NDC CC				
STREET ADDRESS CITY-ST-ZIP	NAPLES FL			4.3 STRE 4.4 CHTY						
TITLE	INN CLOTE		DELETE	5.1 TITLE					hange	Addition
NAME				5.2 NAM						
STREET ADDRESS				5.3 STRE	ET ADD	DRESS				
CfTY-ST-ZIP				5.4 CITY	- ST - ZI	Р				
TITLE			DELETE	6.1 TITLE					Change	Addition
NAME				6.2 NAM:						
STREET ADDRESS				6.3 STRE						
City-St-ZiP		ad with this files	does not such	6.4 City	- ST - ZI		in Caption 110 07/2Vi) Florida Statuto	a Lévethor ageti	fu that t	tho

I do 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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation of 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 on an attachment with an address)