

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 729652

Entity Name: EAST COAST COLLEGE**Current Principal Place of Business:**5353 ARLINGTON EXPRESSWAY
SUITE 410
JACKSONVILLE, FL 32211**Current Mailing Address:**5353 ARLINGTON EXPRESSWAY
SUITE 410
JACKSONVILLE, FL 32211 US**FEI Number:** 59-0796889**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**JONES, DOROTHY DPD
5353 ARLINGTON EXPRSWY
STE 410
JACKSONVILLE, FL 32211 US*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**Officer/Director Detail :**

Title	PD
Name	JONES, DOROTHY D
Address	5353 ARLINGTON EXPRESSWAY #11-E
City-State-Zip:	JACKSONVILLE FL 32211

Title	D
Name	HERBERT, ANTOINETTE
Address	8025 BAYMEADOWS CIR E APT 905
City-State-Zip:	JACKSONVILLE FL 32256

Title	D
Name	WROBLESKI, CHERYL
Address	7609 RAIN FOREST DRIVE N
City-State-Zip:	JACKSONVILLE FL 32277

Title	D
Name	BREWE, JOYCE
Address	244 MCCLAIN DRIVE
City-State-Zip:	MELBOURNE FL 32904

Title	D
Name	BARBER, MARY
Address	7285 MANNING CEMETERY ROAD
City-State-Zip:	JACKSONVILLE FL 32234

Title	D
Name	GERDING, KATHLEEN
Address	8012 DEGAS COURT
City-State-Zip:	JACKSONVILLE FL 32277

I hereby 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 all other like empowered.

SIGNATURE: DOROTHY D JONES**CORPORATE PRESIDENT** 02/04/2015_____
Electronic Signature of Signing Officer/Director Detail_____
Date