

**2016 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:** KATHLEEN GERDING

D

02/09/2016

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date