

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 747318

Entity Name: COMMUNITY COLLEGES FOR INTERNATIONAL DEVELOPMENT INC.**Current Principal Place of Business:**6301 KIRKWOOD BLVD SW
CEDAR RAPIDS, IA 52406**Current Mailing Address:**1770 BOYSON ROAD, SUITE 702
LINN COUNTY REGIONAL CENTER
HIAWATHA, IA 52233 US**FEI Number: 59-2073513****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**STAX BROWN, CAROL ED.D.
C/O JOHN BRADY
1200 W INTERNATIONAL SPEEDWAY BLVD
DAYTONA BEACH, FL 32120 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	EXECUTIVE DIRECTOR
Name	STAX BROWN, CAROL ED.D.
Address	1200 W INTERNATIONAL SPEEDWAY BLVD
City-State-Zip:	DAYTONA BEACH FL 32120

Title	TREASURER
Name	STARCEVICH, MICK DR.
Address	6301 KIRKWOOD BLVD SW
City-State-Zip:	CEDAR RAPIDS IA 52406

Title	CHAIRMAN
Name	BERMINGHAM, JACK DR.
Address	2400 SOUTH 240TH STREET, M/S 9-3
City-State-Zip:	DES MOINES WA 98198

Title	DIRECTOR
Name	RAMAGE, THOMAS DR.
Address	2400 WEST BRADLEY AVE
City-State-Zip:	CHAMPAIGN IL 61821

Title	DIRECTOR
Name	RAFN, JEFFREY DR.
Address	2740 WEST MASON STREET
City-State-Zip:	GREEN BAY WI 54307-9042

Title	AT LARGE
Name	PRINDIVILLE, BARBARA DR.
Address	800 MAIN STREET
City-State-Zip:	PEWAUKEE WI 53072

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: DR. CAROL STAX BROWN**PRESIDENT****03/19/2014**

Electronic Signature of Signing Officer/Director Detail

Date