## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

STREET ADDRESS

CITY-ST-ZIP

F97000003573 (9)

## AMERICAN COLLEGE STUDENT ASSOCIATION CORPORATION

				1
Principal Plac	ce of Business	Mailing Address	<del></del>	
1336 PICKENS		1336 PICKENS ST		3. Date Incorporated or Qualified
COLUMBIA SC	29201	COLUMBIA SC 29201		07/10/1997
				4. FEI Number Applied For
<u> </u>				43-1636571 62-1640325 Not Applicable
<b>—</b> - ' .	Place of Business	2a. Mailing Address	11/6-	5. Certificate of Status Desired S8.75 Additional
21 27 K	- 111021200	10 - 26 P.O. Box Suite, Apt. #, etc.	11693	Fee Required
22		27		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
City & Stat	"lum lin 5 C	City & State	56	7. Is this nonprofit corporation a homeowners association?
Zip	Country	Zip	Country	This corporation owes or has paid the current year Intangible
24 2920	<u>4</u> 25		30	Personal Property Tax due June 30.  Yes 🔀 No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent				
81 Name				
CT CORPORATION  82 Street Address (P.O. Box Number is Not Acceptable)				
1200 SO PINE ISLAND RD PLANTATION FL 33324  83				
FLAMIA	1110N FL 33324			
			84 City	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 61	7,0502 and 617,1508, Florida Statutes	s, the above-named	corporation submits this statement for the number of should be relief
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 lamiliar with, and accept the obligations of, Section 617.0503, Florida Statutes.				
SIGNATURE				
12.	Signature, typed or printed name of register		Registered Agent signature	
TITLE	CD	S AND DIRECTORS  DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME	SMITH, BRONSON	and Descrip	1.2 NAME	*** * <del>*</del>
STREET ADDRESS	1336 PICKENS ST		1.3 STREET ADDRESS	2718 Middle Lung Wr.
CITY-ST-ZIP	COLUMBIA SC 29201		1.4 CITY-ST-ZIP	2718 Middle Lung Dr. Colum Lia SC 29204-243L Grange Addition
TITLE	Ō	DELETE	2.1 TITLE	Change Addition
NAME	LINDSTROM, DAVID		2.2 NAME	m'(1/1, p)
STREET ADDRESS	1336 PICKENS ST		2.3 STREET ADDRESS	2718 111.0012 0429 47.
CITY-ST-ZIP	COLUMBIA SC 29201	DELETE.	2. 4 CITY-ST-ZIP	2718 Middlebung Dr. Columbia, 5 C 29204-2436
TITLE NAME		☐ DELETE	3.1 TITLE 3.2 NAME	Change Addition
STREET ADDRESS			3.2 NAME 3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4. CITY-ST-ZIP	
TITLE	· · · · · · · · · · · · · · · · · · ·	DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4. 2 NAME	_
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	4.4 CITY - ST - ZIP	
TITLE		DELETE	5.1 TITLE	Change Addition
NAME STREET ADDRESS			5.2 NAME	$\mathcal{L}_{\mathcal{L}}^{\mathcal{L}}$ $\mathcal{L}_{\mathcal{L}}^{\mathcal{L}}$
STREET ADDRESS			5.3 STREET ADDRESS	~ 1 mil
CITY-ST-ZIP TITLE		DELETE	5.4 CITY-ST-ZIP	Change I Addition
NAME			6.1 TITLE 6.2 Name	8000024569 18 Addition -03/13/9801057027
STORET ANNOUSES			O.E NAME	-03/13/9801057027

14. I 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 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 chappen, of on an attachment with an address.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

\*\*\*61.25

**FILED** 

Mar 13 1998 8:00am

Secretary of State

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