## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F97000003573

FILED Jul 01, 2005 Secretary of State

Entity Name: AMERICAN COLLEGE STUDENT ASSOCIATION CORPORATION

Current Principal Place of Business:		New Principal Place of Business:	New Principal Place of Business:	
1321 LAD` STE 750 COLUMBI.	YST A, SC 29201			
Current Mailing Address:		New Mailing Address:	New Mailing Address:	
P O BOX <sup>.</sup> COLUMBI.	11693 A, SC 29211			
n accordan	: 62-1640325 FEI Number Applied For() ce with s. 607.193(2)(b), F.S., the corporation did no I Address of Current Registered Agent:	FEI Number Not Applicable ( ) Certificate of Status Desired ( ot receive the prior notice.  Name and Address of New Registered Agent:	)	
1200 SO F PLANTAT The above	ORATION PINE ISLAND RD ON, FL 33324 US named entity submits this statement for the period of Florida.	ourpose of changing its registered office or registered agent, or	both,	
SIGNATUI				
	Electronic Signature of Degistered Ag	ent Date		
	Electronic Signature of Registered Ag	one Bato		
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRE	CTORS	
Γitle: √ame: √ddress:			CTORS	
Fitle: Name: Address: City-St-Zip: Fitle: Name: Address:	S AND DIRECTORS:  CD () Delete SMITH, BRONSON P O BOX 11693	ADDITIONS/CHANGES TO OFFICERS AND DIRE  Title: ( ) Change ( ) Addition  Name: Address:	CTORS	
OFFICER: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	S AND DIRECTORS:  CD () Delete SMITH, BRONSON P O BOX 11693 COLUMBIA, SC 29211  DR () Delete JOHNSON, LEON 3976 EXECUTIVE DR	ADDITIONS/CHANGES TO OFFICERS AND DIRE  Title: ( ) Change ( ) Addition  Name: Address: City-St-Zip:  Title: ( ) Change ( ) Addition  Name: Address:	CTORS	
Fitle: Name: Address: City-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Address:	S AND DIRECTORS:  CD () Delete SMITH, BRONSON P O BOX 11693 COLUMBIA, SC 29211  DR () Delete JOHNSON, LEON 3976 EXECUTIVE DR PALM HARBOR, FL 34685  DR () Delete DABBS, THOMAS W 104 NEW AKEMI HEIGHTS	ADDITIONS/CHANGES TO OFFICERS AND DIRE  Title: ( ) Change ( ) Addition  Name: Address: City-St-Zip:  Title: ( ) Change ( ) Addition  Name: Address: City-St-Zip:  Title: ( ) Change ( ) Addition  Name: Address: City-St-Zip:	CTORS	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: H BRONSON SMITH PRES 07/01/2005