

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**APPROVED
AND
FILED**

**CORPORATION
ANNUAL REPORT
1995**



**FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS**

95 FEB 23 PM 4: 23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 713748 (2)
1. Corporation Name
OSCEOLA UNIVERSITY, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
P.O. BOX 1925 CAPE CANAVERAL FL 32920 **P.O. BOX 1925 CAPE CANAVERAL FL 32920**

3. Date Incorporated or Qualified **12/04/1967** 3a. Date of Last Report **06/15/1994**

4. FEI Number **54-1075268** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
**SMITH, KERN L MR.
555 FILLMORE AVENUE
CAPE CANAVERAL FL 32920**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	CD
NAME	STEELMAN, JOHN R DR.
STREET ADDRESS	1838 BENTLEY VILLAGE LN.
CITY - ST - ZIP	NAPLES FL 33963
TITLE	MD
NAME	KIRBY, EILEEN B MRS.
STREET ADDRESS	RR & 1 234 THOMAS AVE.
CITY - ST - ZIP	FROSTPROOF FL 33943
TITLE	TD
NAME	PORETSKY, LESTER MR.
STREET ADDRESS	7501 HELMSDALE RD.
CITY - ST - ZIP	BETHESDA MD 20817
TITLE	MD
NAME	SHAARA, HELEN MRS.
STREET ADDRESS	3019 THOMASVILLE RD.
CITY - ST - ZIP	TALLAHASSEE FL 32312
TITLE	PD
NAME	BOEK, WALTER E DR.
STREET ADDRESS	5011 LOWELL STREET, NW
CITY - ST - ZIP	WASHINGTON DC 20016
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	400001415214
14 CITY - ST - ZIP	-02/24/95--01105--011
21 TITLE	*****61.25 ENCHARGE ILLEG
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 of this report or supplemental report with an address.

SIGNATURE: *Walter E. Boek*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Dr. Walter E. Boek, President

2/16/95 703-527-4800
Date Filing Fee \$ 285.00