

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Apr 03 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 713748**  
 1. Corporation Name  
**Osceola University, Inc.**

Principal Place of Business <b>P.O. Box 1925                  Cape Canaveral, Fla. 32920</b>	Mailing Address <b>P.O. Box 1925                  Cape Canaveral, FL 32920-1925</b>
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<b>21</b> 2. Principal Place of Business Suite, Apt. #, etc.	<b>26</b> 2a. Mailing Address Suite, Apt. #, etc.
<b>23</b> City & State	<b>27</b> City & State
<b>24</b> Zip	<b>28</b> Zip
<b>25</b> Country	<b>30</b> Country

**3.** Date Incorporated, or Qualified **12/4/67**

**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.** Is this nonprofit corporation a homeowners association?  
 Yes  No

**8.** This corporation owes or has paid the current year intangible Personal Property Tax due June 30.  Yes  No

**9. Name and Address of Current Registered Agent**  
**Smith, Kern L. Mr.**  
**555 Fillmore Ave.**  
**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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature: typed or printed name of registered agent and date if applicable (NOTE: Registered Agent's signature required when re-registering)

**12. OFFICERS AND DIRECTORS**

TITLE	<b>CD</b>	<input type="checkbox"/> DELETE
NAME	<b>Steelton, John R. Dr.</b>	
STREET ADDRESS	<b>1936 Bentley Village Ln.</b>	
CITY-ST-ZIP	<b>Maples, AL 33963</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>Poretzky, Lester Mr.</b>	
STREET ADDRESS	<b>7501 Helmsdale Rd.</b>	
CITY-ST-ZIP	<b>Bethesda, MD. 20817</b>	
TITLE	<b>MD</b>	<input type="checkbox"/> DELETE
NAME	<b>Shaara Nelson Mrs.</b>	
STREET ADDRESS	<b>3019 Thomasville Rd.</b>	
CITY-ST-ZIP	<b>Tallahassee, FL 32312</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>Boek, Walter E. Dr.</b>	
STREET ADDRESS	<b>5011 Lowell St. NW.</b>	
CITY-ST-ZIP	<b>Washington, DC 20016</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

<input type="checkbox"/> Change <input type="checkbox"/> Addition
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**300002478229**  Addition  
**-04/03/98--01063--007**  
**\*\*\*61.25**

**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 changed, or on an attachment with an address.

SIGNATURE:  **Walter E. Boek** **3/26/98** **703-527-4800**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/97)