

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **730110** (4)
1. Corporation Name
VALENCIA COMMUNITY COLLEGE FOUNDATION, INC.



Principal Place of Business Mailing Address
190 SOUTH ORANGE AVENUE
P.O. BOX 3028
ORLANDO FL 32802

3. Date Incorporated or Qualified **07/01/1974** 3a. Date of Last Report **01/25/1995**
4. FEI Number **23-7442785** 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**
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
24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
WOODBURY, KENNETH B. J
190 SOUTH ORANGE AVENUE.
ORLANDO FL 32801

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 *Kenneth B. Woodbury, Jr.* **Kenneth B. Woodbury, Jr.** **1/18/96**
Signature, typed or printed name of registered agent and title (mandatory) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> DELETE
NAME	CARDWELL, KATHY
STREET ADDRESS	1516 WEST IVANHOE BLVD.
CITY-ST-ZIP	ORLANDO FL
TITLE	VPD <input checked="" type="checkbox"/> DELETE
NAME	FOREMAN, SUE
STREET ADDRESS	1940 SUMMERLAND AVE.
CITY-ST-ZIP	WINTER PK FL
TITLE	VPD <input checked="" type="checkbox"/> DELETE
NAME	CARDWELL, KATHY A
STREET ADDRESS	1516 WEST IVANHOE
CITY-ST-ZIP	ALTAMONTE SPRINGS FL
TITLE	VPD <input checked="" type="checkbox"/> DELETE
NAME	MACLEOD, FRED
STREET ADDRESS	806 S. HUGHEY AVENUE
CITY-ST-ZIP	ORLANDO FL
TITLE	T <input type="checkbox"/> DELETE
NAME	MANNING, EDWARD
STREET ADDRESS	2145 COMPANERO DR.
CITY-ST-ZIP	ORLANDO FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP Resources <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Walker, Larry
1.3 STREET ADDRESS	115 Marks Street
1.4 CITY-ST-ZIP	Orlando, FL 32803
2.1 TITLE	Pres. Elect <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Maguire, Raymer III
2.3 STREET ADDRESS	200 East Robinson Ave
2.4 CITY-ST-ZIP	Orlando, FL 32801
3.1 TITLE	Secretary <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	VanMeter, Jeanne
3.3 STREET ADDRESS	15 Glendale Dr
3.4 CITY-ST-ZIP	Kissimmee, FL 34743
4.1 TITLE	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Manning, Edward J.
4.3 STREET ADDRESS	2145 Companero Dr
4.4 CITY-ST-ZIP	Orlando, FL 32804
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 119.07(3)(k), 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: *Kenneth B. Woodbury, Jr.* **Kenneth B. Woodbury, Jr.** **1/18/96** (407) 317-7950
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (12/95) PS 3/18/96