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Feb 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 730110 (4)

1. Corporation Name
VALENCIA COMMUNITY COLLEGE FOUNDATION, INC.



Principal Place of Business 190 SOUTH ORANGE AVENUE P.O. BOX 3028 ORLANDO FL 32802	Mailing Address 190 SOUTH ORANGE AVENUE P.O. BOX 3028 ORLANDO FL 32802-3028
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3. Date Incorporated or Qualified 07/01/1974	3a. Date of Last Report 03/18/1996
4. FEI Number 23-7442785	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

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* **Kenneth B. Woodbury** **2/4/97**
Signature, typed or printed name of registered agent and filer if applicable. (NOTE Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	WALKER, LARRY	
STREET ADDRESS	115 MARKS STREET	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	PED	<input checked="" type="checkbox"/> DELETE
NAME	MAGUIRE, RAYMER III	
STREET ADDRESS	200 EAST ROBINSON AVENUE	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	VANMETER, JEANNE	
STREET ADDRESS	15 GLENDALE	
CITY-ST-ZIP	KISSIMEE FL 34743	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MANNING, EDWARD J	
STREET ADDRESS	2145 COMPANERO DRIVE	
CITY-ST-ZIP	ORLANDO FL 32804	
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	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Raymer Maguire III	
1.3 STREET ADDRESS	200 East Robinson St., #1250	
1.4 CITY-ST-ZIP	Orlando, FL 32801	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	A. George Fuller	
3.3 STREET ADDRESS	434 North Tampa Ave.	
3.4 CITY-ST-ZIP	Orlando, FL 32805	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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 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: *Kenneth B. Woodbury* **Kenneth B. Woodbury** **2/4/97**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0010167

CR2E037 (9/96)