2001 UNIFORM BUSINESS REPORT (UBR)

May 22, 2001 8:00 am Secretary of State DOCUMENT # 730110 1. Entity Name 04-17-2001 90157 045 ****62.50 VALENCIA COMMUNITY COLLEGE FOUNDATION, INC. Principal Place of Business Mailing Address 190 SOUTH CRANGE AVENUE 190 SOUTH ORANGE AVENUE 45626 P.O. BOX 3028 P.O. BOX 3028 ORLANDO FL 32802 ORLANDO FL 32802 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 23-7442785 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent allagner Geraldini ss (F.O. Box Number is Not Acceptable) Lencial Community College WOODBURY, KENNETH-B.-J-Foundation 190 SOUTH ORANGE AVENUE. ORLANDO FL 32801 City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. 4/i/01 Exalding Ul SIGNATURE . **FILE NOW:** 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees FEE IS \$61.25 Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. MLE ☐ Delete TITLE President Addition MAGUIRE, RAYMER III geraldine gallagner NAME MALIE 200 EAST ROBINSON ST., #1250 STREET ADDRESS STREET ADDRESS 3R2E037 CITY-ST-ZIP ORLANDO FL CITY-ST-ZIP merdo, ☐ Detete TITLE Change ☐ Addition Chavo FULLER, A. GEORGE NAME NAME on yochum South Orange We ME 104 --STREET ADDRESS 434 NORTH-TAMPA AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANO FL TD Change Deleta TITLE ☐ Addition Treasurio MANNING, EDWARD J - -NAME NAME ess Barles STREET ADDRESS 2145 COMPANERO DRIVE STREET ADDRESS 95. Olarge aire CITY-ST-70 CITY-ST-ZIP ORLANDO FL 32804 Oelate TITLE : Change ☐ Addition NAME WOODBURY, KENNETH B NAME STREET ANORESS Mailland All 190 S. ORANGE AVE. STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32801 CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SULLABILITIES CHARLES OF PRINTED HAME ON BURIOUS OFFICER OR DIRECTOR SIGNATURE: Dete Daytime Phone 6