## 2003 NOT-FOR-PROFIT CORPORATION

## UNIFORM BUSINESS REPORT (UBR) DOCUMENT # 730 1. Entity Name

P.O. BOX 3028



## **FILED** Feb 26, 2003 8:00 am Secretary of State

02-26-2003 90168 029 \*\*\*\*61.25

1. Entity Name  VALENCIA COMMUNITY COLLI		
Principal Place of Business	Mailing Address	<del></del>
190 South Orange Avenue P.O. Box 3028 Orlando Fl 32902	190 SOUTH ORANGE AVENUE P.O. BOX 3028 ORLANDO FL 32802	
2. Principal Place of Business	3. Mailing Address	

Suite, Apt. 4, etc.    Suite, Apt. 4, etc.	ORLANDO FL	. 32802	ORLANDO FL 32802		2 1 <b>0 0</b> 113 1 <b>0 80</b> 0	   18118	<u> </u>	1 <b>8</b> (4 <b>848</b> (1 ( <b>44</b> )	
City & State  Ci	2. Principal	Place of Business	3. Mailing Address	<del></del>					
Zp Country Zp Country S. Certificate of Status Desired S. 58, 75 Additional Set Required  6. Name and Address of Current Registered Agent	Suite, Apr	t. #, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
SIGNATURE  GALLAGHER, GERALIDINE VALENCIA COMMUNITY COLLEGE FOUNDATION 190 W ORANGE AVENUE ORANDO FI. 32801  6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  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. I am familiar with, and accept the chigate one of registered agent, or both, in the State of Florida. I am familiar with, and accept the chigate one of registered agent, or both, in the State of Florida. I am familiar with, and accept the chigate one of registered agent, or both, in the State of Florida. I am familiar with, and accept the chigate one of registered agent, or both, in the State of Florida. I am familiar with, and accept the chigate one of registered agent, or both, in the State of Florida. I am familiar with, and accept the chigate one of registered agent, or both, in the State of Florida. I am familiar with, and accept the chigate one of registered agent, or both, in the State of Florida. I am familiar with, and accept the chigate one of registered agent, or both, in the State of Florida. I am familiar with, and accept the chigate one of registered agent, or both, in the State of Florida. I am familiar with, and accept the chigate of registered agent, or both, in the State of Florida. I am familiar with, and accept the chigate of registered agent, or both, in the State of Florida. I am familiar with, and accept the chigate of registered agent, or both, in the State of Florida. I am familiar with, and accept the chigate of registered agent, or both, in the State of Florida. I am familiar with, and accept the chigate of registered agent, or both, in the State of Florida. I am familiar with, and accept the chigate of registered agent, or both, in the State of Florida. I am familiar with, and accept the chigate of registered agent, or both, in the State of Flor	City & Sta	ate	City & State		4. FEI Number	4. FEI Number 23-7442785		· · · · · · · · · · · · · · · · · · ·	
GALLAGHER, GERALDINE VALENCIA COMMUNITY COLLEGE FOUNDATION 190 W ORANGE AVENUE ORIGINATION 190 W ORANGE AVENUE ORANGE AVENUE  FILE NOW: FEE IS \$61.25  9. Election Campaign Financing Trust Fund Contribution.  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. Addition Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 10. Addition Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 10. Addition Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 10. Addition Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 10. OFFICERS 10. OFFICERS 10. OFFICERS AND DIRECTORS 10. OFFICERS 10.	Zip	Country	Zip	Country	5. Certificate of	Status Desired	\$8.75 Ad	lditional	
GALLAGHER, GERALDINE VALENCIA COMMUNITY COLLEGE FOUNDATION 190 WO DRANGE AVENUE ORIANDO FI. 32801  6. 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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  FILE NOW: FEE IS \$61.25  9. Election Campaign Financing Trust Fund Contribution.  9. Election Campaign Financing Trust Fund Contribution.  10. OFFICERS AND DIRECTORS  11. ADDITION/CHANGES TO OFFICERS AND DIRECTORS IN 10  10. OFFICERS AND DIRECTORS  11. ADDITION/CHANGES TO OFFICERS AND DIRECTORS IN 10  10. OFFICERS AND DIRECTORS  11. ADDITION/CHANGES TO OFFICERS AND DIRECTORS IN 10  10. OFFICERS AND DIRECTORS  11. ADDITION/CHANGES TO OFFICERS AND DIRECTORS IN 10  10. OFFICERS AND DIRECTORS  11. ADDITION/CHANGES TO OFFICERS AND DIRECTORS IN 10  10. OFFICERS AND DIRECTORS  11. ADDITION/CHANGES TO OFFICERS AND DIRECTORS IN 10  10. OFFICERS AND DIRECTORS  11. ADDITION/CHANGES TO OFFICERS AND DIRECTORS IN 10  10. OFFICERS AND DIRECTORS  11. ADDITION/CHANGES TO OFFICERS AND DIRECTORS IN 10  10. OFFICERS AND DIRECTORS IN 10  10. OFFICERS AND DIRECTORS  11. ADDITION/CHANGES TO OFFICERS AND DIRECTORS IN 10  10. OFFICERS AND DIR		6. Name and Address of Current	Registered Agent		7. Name and Ad	dress of New Registere	•	30	
Street Address (PO. Box Number is Not Acceptable)  City	and the second of the second of the second of			Name	,Name				
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  SIGNATU	VALENCIA COMMUNITY COLLEGE FOUNDATION 190 W ORANGE AVENUE		Street Ad						
SIGNATURE    Symbols by sed or primod name of registered apen and the flapplicable   (NOTE Registered Apent Signature required when reinstating)   DATE			City		F	Zip Coc	de		
SIGNATURE    Symbols by sed or primod name of registered apen and the flapplicable   (NOTE Registered Apent Signature required when reinstating)   DATE	8. The above	e named entity submits this statement fo	r the purpose of changing its	registered office or a	registered agent, or both, in				
FILE NOW: FEE IS \$61.25  9. Election Campaign Financing	the obliga	tions of registered agent.			g	rano otate or rionda. Tai	i i amiliai with,	and accept	
FILE NOW: FEE IS \$61.25  9. Election Campaign Financing									
FILE NOW: FEE IS \$61.25  9. Election Campaign Financing Trust Fund Contribution.   \$5.00 May Be Added to Fees   Make Check Payable to Florida Department of State    10. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.  TITLE MANE SIREST ADDRESS   GAZMINE   GAZMINE	SIGNATURE		<del></del>						
Trust Fund Contribution.   Added to Fees   Florida Department of State    10. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10    TITLE   MAME   GALLAGHER, GERALDINE   Delete   TITLE   MAME   GALLAGHER, GERALDINE   GALLAGHER, GALLAGHER, GERALDINE   GALLAGHER,		Signature, typed or printed name of registered agent a	and title if applicable. (NOT	E: Registered Agent signature	e required when reinstating)	DATE			
THE MANK SOUTH ORANGE AVE OFFICERS AND DIRECTORS IN 10    CD			Trust Fund 0		\$5.00 May Be Added to Fees	Make Che Florida Depa	ck Payable rtment of t	to State	
GALLAGHER, GERALDINE STREET ADDRESS SOUTH ORANGE AVE ORLANDO FL 32801  TITLE ORLANDO FL 32801  TORLANDO FL 3				11.	ADDITIONS/CHANG	ES TO OFFICERS AND D	IRECTORS IN	10	
TREET ADDRESS TR	TITLE	1.	☐ Delete	TITLE	- ^ -		Change	Addition	
TITLE VOCHUM, TOM		GALLAGHEH, GERALDINE		NAME (	Ballagher, Geral	dine	·		
TITLE VOCHUM, TOM				STREET ADDRESS	90 South Ovan	ge Avenue			
VOCHUM, TOM 200 SOUTH ORANGE AVE MC1061 ORLANDO FL 32801  TITLE TO BAILES, JESS 8989 S ORANGE AVE ORLANDO FL 32824  TITLE SD AME STREET ADDRESS OTY-ST-ZIP ORLANDO FL 32824  TITLE SD AME TREET ADDRESS OTY-ST-ZIP THE TREET ADDRESS OTY-ST-ZIP THE TREET ADDRESS OTY-ST-ZIP THE TREET ADDRESS OTY-ST-ZIP THE THE TREET ADDRESS OTY-ST-ZIP THE				CITY-ST-ZIP	orkando, FL 32	BDI			
TOPHON, TOM  200 SOUTH ORANGE AVE MC1061  ORLANDO FL 32801  TO BAILES, JESS  BAILES, J	TITLE		Delete				☐ Change	Addition	
TITLE NAME BAILES, JESS STREET ADDRESS ORANGE AVE ORLANDO FL 32824  TITLE SD				NAME V	walker, Lanz				
TITLE NAME BAILES, JESS STREET ADDRESS ORANGE AVE ORLANDO FL 32824  TITLE SD			31	STREET ADDRESS	1401 Virialand 1441	Dad, #Alb-17			
BAILES, JESS AME STREET ADDRESS ORLANDO FL 32824  ITTLE SD HELMAN, KLAN HELMAN, KLA	CITY-ST-ZIP			CITY-ST-ZIP	)rknjo FL32	ક્રી			
NAME STREET ADDRESS B989 S ORANGE AVE ORLANDO FL 32824  ORLANDO FL	TITLE		Delete		10	THE ME	Change	Addition	
ORLANDO FL 32824  CITY-ST-ZIP  ITILE  NAME  AME  AME  AME  TREET ADDRESS  CITY-ST-ZIP  ORLANDO FL 32824  CITY-ST-ZIP  ORLANDO FL 32824  CITY-ST-ZIP  ORLANDO FL 32824  CITY-ST-ZIP  ITILE  NAME  STREET ADDRESS  CITY-ST-ZIP  ORLANDO FL 32824  ITILE  NAME  STREET ADDRESS  STREET ADDRESS  ITILE  NAME  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  TO ADDRESS  CITY-ST-ZIP  ORLANDO FL 32324  ITILE  NAME  STREET ADDRESS  STREET ADDRESS  CITY-ST-ZIP  ORLANDO FL 32324  ITILE  NAME  STREET ADDRESS  STREET ADDRESS	NAME				bille, Jess				
OFFICIAL CHANGE   Delete   TITLE   NAME   Delete   TITLE   Delete   TITLE   Delete   TITLE   NAME   Delete   TITLE				STREET ADDRESS	989 South Drang	R Avenue			
HELMAN, KLAN 222 WEST MAITLAND BLVD MAITLAND FL 32751  TLE AME TREET ADDRESS TY-ST-ZIP TILE TILE AME TREET ADDRESS TY-ST-ZIP TREET ADDRESS	CITT-ST-ZIP			CITY-ST-ZIP	rlands FL 32	324			
TREET ADDRESS ITY-ST-ZIP  TILE  AME  IREET ADDRESS CITY-ST-ZIP  TILE  AME  IREET ADDRESS CITY-ST-ZIP  TO Delete  TITLE  NAME  STREET ADDRESS  TY-ST-ZIP  TO Delete  TITLE  NAME  STREET ADDRESS  TY-ST-ZIP  TO DELET TO DELETE  TO DELET	TITLE		☐ Delete	TITLE			hange	Addition	
TITE AME IREET ADDRESS ITY-ST-ZIP TILE AME IRRET ADDRESS ITY-ST-ZIP TILE AME IRRET ADDRESS ITY-ST-ZIP TITLE NAME STREET ADDRESS ITY-ST-ZIP				NAME	lelman, Alan		Ununge		
TLE AME TREET ADDRESS TY-ST-ZIP TLE AME TREET ADDRESS TY-ST-ZIP TLE AME TREET ADDRESS TY-ST-ZIP TREET ADDRESS				_		nd Blud			
AME AME TREET ADDRESS TITY-ST-ZIP TLE AME TREET ADDRESS	UITY-51-ZIP	MAITLAND FL 32751		CITY-ST-ZIP	rathard FL 3	2751			
TREET ADDRESS ITY-ST-ZIP  TLE  AME  TREET ADDRESS  TY ST-ZIP  TO THE ST-ZIP  TY ST-ZIP	TITLE		☐ Delete	TITLE	70		Channe	□ Addition	
STREET ADDRESS CITY-ST-ZIP  TLE  AME  TREET ADDRESS  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  TV ST ZIP  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  TV ST ZIP	NAME			NAME V	on Dolleren-Fran	mier Holen	onengo	- soundor	
TLE AME  TREET ADDRESS TY ST. 7IP  CITY-S1-ZIP  Winder TACK, F. 32 792  Change Addition  Addition	STREET ADDRESS			STREET ADDRESS	471 Alone Ave	rue 'sure io'			
TLE Delete TITLE Change Addition  AME  IREET ADDRESS  TY ST. 7IP	UITY-ST-ZIP			CITY-ST-ZIP					
AME NAME  TREET ADDRESS  STREET ADDRESS  TY ST. 7IB	TITLE		☐ Delete				Change	☐ Addition	
TV CT 7ID	NAME						<u> — снапде</u>	☐ Addition	
TY-ST-ZIP CITY-ST-ZIP	STREET ADDRESS			STREET ADDRESS			•		
	CITY-ST-ZIP								

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

2/2/103