FILE NOW: FILING FEE AFTER MAY 1 IS $155.00 61.5

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 24 AM 8:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **762699** **(7)**

1. Corporation Name

ORANGE COUNTY BAR ASSOCIATION EDUCATIONAL FUND, INC.

Principal Place of Business	Mailing Address
880 N ORANGE AVENUE #100 ORLANDO FL 32801	880 N ORANGE AVENUE #100 ORLANDO FL 32801

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/01/1982
3a. Date of Last Report: 03/15/1994
4. FEI Number: 59-2215141 ☐ Applied For ☐ Not Applicable

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)

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

ORANGE COUNTY BAR ASSOCIATION, INC.
880 N ORANGE AVENUE #100
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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	MIHOK, A. THOMAS	1.2 NAME	
STREET ADDRESS	120 E. ROBINSON ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32801	1.4 CITY-ST-ZIP	
TITLE	T	2.1 TITLE	☐ Change ☐ Addition
NAME	MORGAN, MARY ANN	2.2 NAME	
STREET ADDRESS	330 E. CENTRAL BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32801	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	☒ Change ☐ Addition
NAME	BENNETT, R. LEE	3.2 NAME	PD MAURA T. SMITH
STREET ADDRESS	201 E. PINE ST., #500	3.3 STREET ADDRESS	255 S. Orange Ave. #801
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	Orlando, FL 32801
TITLE	S	4.1 TITLE	☐ Change ☐ Addition
NAME	DIVINE, RUSSELL W.	4.2 NAME	
STREET ADDRESS	14 E. WASHINGTON ST., #500	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32801	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	TREES,PHILLIP H.	5.2 NAME	
STREET ADDRESS	201 E.PINE STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 00000	5.4 CITY-ST-ZIP	
TITLE	ED	6.1 TITLE	☐ Change ☐ Addition
NAME	FOX, ELOISE O.	6.2 NAME	
STREET ADDRESS	880 N. ORANGE AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 00000	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)(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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Russell W. Divine — 4/13/95 — 407-872-0200