

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # N01000005338

1. Entity Name
THE COUNCIL OF HIGHER EDUCATION INSTITUTIONS OF FLORIDA, INC.



Principal Place of Business
 215 S. MONROE ST.
 SUITE 701
 TALLAHASSEE, FL 32301

Mailing Address
 215 S. MONROE ST.
 SUITE 701
 TALLAHASSEE, FL 32301



01152004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number **82-0589378** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

HARRIS, BOB L ESQ
 215 S. MONROE ST.
 SUITE 701
 TALLAHASSEE, FL 32301

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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 obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

Filing Fee is \$61.25 Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **CD**
 NAME **FIKE, C.M.**
 STREET ADDRESS **1401 W. CYPRESS CREEK RD.**
 CITY-ST-ZIP **FT. LAUDERDALE, FL 33309**

TITLE **VCD**
 NAME **BEAUREGARD, MIKE**
 STREET ADDRESS **1401 W. CYPRESS CREEK RD.**
 CITY-ST-ZIP **FT. LAUDERDALE, FL 33309**

TITLE **STD**
 NAME **HARRIS, BOB**
 STREET ADDRESS **301 S. BRONOUGH ST., STE. 200**
 CITY-ST-ZIP **TALLAHASSEE, FL 323011722**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
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 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

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.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/10/04 850-222-0720