

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 06 1997 8:00am  
Secretary of State

|                                                       |                                                                                   |                                                                                                           |
|-------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|-------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|

**DOCUMENT # N47583 (2)**  
1. Corporation Name  
**THE WINTER PARK HIGH SCHOOL FOUNDATION, INC.**



|                                                                                     |                                                                              |
|-------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| Principal Place of Business<br><b>2100 SUMMERFIELD ROAD<br/>WINTR PARK FL 32792</b> | Mailing Address<br><b>2100 SUMMERFIELD ROAD<br/>WINTR PARK FL 32782-5037</b> |
|-------------------------------------------------------------------------------------|------------------------------------------------------------------------------|

|                                                                                                                                                  |                                              |
|--------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| 3. Date Incorporated or Qualified<br><b>02/24/1992</b>                                                                                           | 3a. Date of Last Report<br><b>02/13/1996</b> |
| 4. FEI Number<br><b>59-3108692</b>                                                                                                               | Applied For<br>Not Applicable                |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                        | <b>\$8.75 Additional Fee Required</b>        |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>                                                                  | <b>\$5.00 May Be Added to Fees</b>           |
| 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<br><b>21</b> | 2a. Mailing Address<br><b>26</b> |
| Suite, Apt. #, etc.<br><b>22</b>            | Suite, Apt. #, etc.<br><b>27</b> |
| City & State<br><b>23</b>                   | City & State<br><b>28</b>        |
| Zip<br><b>24</b>                            | Country<br><b>25</b>             |
| Zip<br><b>29</b>                            | Country<br><b>30</b>             |

9. Name and Address of Current Registered Agent  
**BATTAGLIA, WILLIAM P  
2 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                             |                                            |
|----------------------------|-----------------------------|--------------------------------------------|
| TITLE                      | <b>PD</b>                   | <input checked="" type="checkbox"/> DELETE |
| NAME                       | <b>LINTON RANDY</b>         |                                            |
| STREET ADDRESS             | <b>445 PINEY CROFT LANE</b> |                                            |
| CITY-ST-ZIP                | <b>MAITLAND FL</b>          |                                            |
| TITLE                      | <b>SD</b>                   | <input checked="" type="checkbox"/> DELETE |
| NAME                       | <b>WARLICK KATHRYN</b>      |                                            |
| STREET ADDRESS             | <b>2912 LAKE SHORE DR.</b>  |                                            |
| CITY-ST-ZIP                | <b>ORLANDO FL</b>           |                                            |
| TITLE                      | <b>TD</b>                   | <input type="checkbox"/> DELETE            |
| NAME                       | <b>PUCKETT CHARLES W.</b>   |                                            |
| STREET ADDRESS             | <b>1345 PLACE PICARDY</b>   |                                            |
| CITY-ST-ZIP                | <b>WINTER PARK FL</b>       |                                            |
| TITLE                      | <b>D</b>                    | <input type="checkbox"/> DELETE            |
| NAME                       | <b>ABUFARIS MIKE</b>        |                                            |
| STREET ADDRESS             | <b>201 NORTH LAKEMONT</b>   |                                            |
| CITY-ST-ZIP                | <b>WINTER PARK FL</b>       |                                            |
| TITLE                      | <b>D</b>                    | <input type="checkbox"/> DELETE            |
| NAME                       | <b>BLACKWELL, BRUCE B.</b>  |                                            |
| STREET ADDRESS             | <b>1624 ROUNDELAY LANE</b>  |                                            |
| CITY-ST-ZIP                | <b>WINTER PARK FL</b>       |                                            |
| TITLE                      | <b>D</b>                    | <input checked="" type="checkbox"/> DELETE |
| NAME                       | <b>HARRIS HUGH</b>          |                                            |
| STREET ADDRESS             | <b>2100 SUMMERFIELD RD</b>  |                                            |
| CITY-ST-ZIP                | <b>WINTER PARK FL</b>       |                                            |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. |                            |                                                                              |
|--------------------------------------------------------|----------------------------|------------------------------------------------------------------------------|
| 1.1 TITLE                                              | <b>D</b>                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME                                               | <b>KIRCHNER MICHAEL</b>    |                                                                              |
| 1.3 STREET ADDRESS                                     | <b>1500 ALABAMA DRIVE</b>  |                                                                              |
| 1.4 CITY-ST-ZIP                                        | <b>WINTER PARK, FL</b>     |                                                                              |
| 2.1 TITLE                                              | <b>D</b>                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME                                               | <b>BATTAGLIA R.E.</b>      |                                                                              |
| 2.3 STREET ADDRESS                                     | <b>1466 ALABAMA DRIVE</b>  |                                                                              |
| 2.4 CITY-ST-ZIP                                        | <b>WINTER PARK, FL</b>     |                                                                              |
| 3.1 TITLE                                              |                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME                                               |                            |                                                                              |
| 3.3 STREET ADDRESS                                     |                            |                                                                              |
| 3.4 CITY-ST-ZIP                                        |                            |                                                                              |
| 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                                              | <b>D</b>                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.2 NAME                                               | <b>PRATT JANICE</b>        |                                                                              |
| 6.3 STREET ADDRESS                                     | <b>2100 SUMMERFIELD RD</b> |                                                                              |
| 6.4 CITY-ST-ZIP                                        | <b>WINTER PARK FL</b>      |                                                                              |

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: Charles W. Puckett **CHARLES W. PUCKETT, TREASURER** Date: 1-10-97 Daytime Phone # 407-842-5406  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)