

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

1555 MAY -1 PM 4: 52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N48942** (9)
1. Corporation Name
MEADOW WOODS EDUCATION FOUNDATION, INC.

Principal Place of Business Mailing Address
% **WILLIAM A. BOYLES** % **WILLIAM A. BOYLES**
201 E. PINE STREET, SUITE 1200 201 E. PINE STREET, SUITE 1200
ORLANDO FL 32801 ORLANDO FL 32801

800001491848
-05/17/95--01143--017
DO NOT WRITE IN THESE SPACES **70.00

3. Date Incorporated or Qualified **05/18/1992** 3a. Date of Last Report **02/28/1994**
4. FEI Number **59-3129763** Applied For Not Applicable
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

2. Principal Place of Business 2a. Mailing Address
21 Suits, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
BOYLES, WILLIAM A.
201 E. PINE STREET
SUITE 1200
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 tax if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	ALONSO, RAMON E.
STREET ADDRESS	3101 ZAHARIAS DRIVE
CITY- ST- ZIP	ORLANDO FL 32837
TITLE	V
NAME	MORRISEY, WILLIAM
STREET ADDRESS	120 FAIRWAY WOODS BLVD
CITY- ST- ZIP	ORLANDO FL
TITLE	ST
NAME	ERSKINE, CYNTHIA
STREET ADDRESS	120 FAIRWAY WOODS BLVD
CITY- ST- ZIP	ORLANDO FL
TITLE	D
NAME	GRAY, J. CHARLES
STREET ADDRESS	201 E. PINE STREET, #1200
CITY- ST- ZIP	ORLANDO FL 32801
TITLE	D
NAME	HUSEMAN, RICHARD C
STREET ADDRESS	UNIVERSITY OF CENTRAL FLORIDA
CITY- ST- ZIP	ORLANDO FL 32816
TITLE	D
NAME	CHAPIN, LINDA
STREET ADDRESS	201 S. ROSALIND AVNUE
CITY- ST- ZIP	ORLANDO FL 32801

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

2013 5-1-95

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 110.07(3)(k), 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 unchanged, or on an attachment with an address.

SIGNATURE: *Ramon E. Alonso* **Ramon E. Alonso** 2-13-95 (407) 240-2624
Signature and typed or printed name of signing officer or director Date