

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N48942 (9)
1. Corporation Name

MEADOW WOODS EDUCATION FOUNDATION, INC.

Principal Place of Business
**c/o William A. Boyles
201 E. Pine Street, Suite 1200
Orlando, FL 32801**

Mailing Address
**c/o William A. Boyles
201 E. Pine Street, Suite 1200
Orlando, FL 32801**

3. Date Incorporated or Qualified 05/18/1992	3a. Date of Last Report 05/01/1995
4. FEI Number 59-3129763	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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	2a. Mailing Address
21 Suite, Apt. #, etc	26 Suite, Apt. #, etc
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	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 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Alonso, Ramon E.	12 NAME	
STREET ADDRESS	3101 Zaharias Drive	13 STREET ADDRESS	
CITY-ST-ZIP	Orlando, FL 32837	14 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Morrisey, William	22 NAME	
STREET ADDRESS	120 Fairway Woods Blvd.	23 STREET ADDRESS	
CITY-ST-ZIP	Orlando, FL 32824	24 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Erskine, Cynthia	32 NAME	
STREET ADDRESS	120 Fairway Woods Blvd.	33 STREET ADDRESS	
CITY-ST-ZIP	Orlando, FL 32824	34 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gray, J. Charles	42 NAME	
STREET ADDRESS	201 E. Pine Street, #1200	43 STREET ADDRESS	
CITY-ST-ZIP	Orlando, FL 32801	44 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Huseman, Richard C.	52 NAME	
STREET ADDRESS	University of Central Florida	53 STREET ADDRESS	
CITY-ST-ZIP	Orlando, FL 32816	54 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Chapin, Linda	62 NAME	
STREET ADDRESS	201 S. Rosalind Avenue	63 STREET ADDRESS	
CITY-ST-ZIP	Orlando, FL 32801	64 CITY-ST-ZIP	

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*****70.00**

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)(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 if changed, or on an attachment with an address

SIGNATURE: Gloria L. Erskine Date: 4-17-96 Daytime Phone #: (407)240-0044

CR2E037 (12/95)