

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N94000004875 (0)**
1. Corporation Name

UNITED AMERICAN VOCATIONAL COLLEGE FUND, INC.



Principal Place of Business: **1 TANKER TURN RD CAPE CANAVERAL FL 32920**
Mailing Address: **P O BOX 862 CAPE CANAVERAL FL 32920**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/03/1994	3a. Date of Last Report 04/21/1995
21. Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	4. FEI Number APPLIED FOR	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
25. Suite, Apt. #, etc.	26. City & State	27. Zip	28. Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
29. Suite, Apt. #, etc.	30. City & State	31. Zip	32. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent BLACKWOOD, LLOYD C 1 TANKER TURN RD CAPE CANAVERAL FL 32920				10. Name and Address of New Registered Agent	
				81. Name	
				82. Street Address (P.O. Box Number is Not Acceptable)	
				84. City	
				85. Zip Code	FL

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D/S/T <input type="checkbox"/> DELETE	1.1 TITLE	D/S/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLACKWOOD, LLOYD C	1.2 NAME	Blackwood, Lloyd C
STREET ADDRESS	1 TANKER TURN RD	1.3 STREET ADDRESS	1 TANKER TURN RD
CITY-ST-ZIP	CAPE CANAVERAL FL 32920	1.4 CITY-ST-ZIP	CAPE CANAVERAL FL 32920
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLACKWOOD, JAMES E	2.2 NAME	
STREET ADDRESS	RT 20 BOX 106	2.3 STREET ADDRESS	
CITY-ST-ZIP	CROSSVILLE TN 38555	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLACKWOOD, JAMES M	3.2 NAME	
STREET ADDRESS	1 TANKER TURN RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CANAVERAL FL 32920	3.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLACKWOOD, JANIE H	4.2 NAME	
STREET ADDRESS	6910 BRIGHT AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA FL 32927	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Jacqueline M. Blackwood
STREET ADDRESS		5.3 STREET ADDRESS	1 TANKER TURN ROAD
CITY-ST-ZIP		5.4 CITY-ST-ZIP	CAPE CANAVERAL, FL 32920
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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: *James E Blackwood* **3-3-96**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)