


FILE NOW: FILING FEE IS \$61.25

FILED  
Jun 13 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N95000005946 (7)**  
1. Corporation Name  
**UNIVERSITY OF ORLANDO FOUNDATION, INC.**



Principal Place of Business <b>1819 N. SEMORAN BLVD. ORLANDO FL 32807</b>	Mailing Address <b>1819 N. SEMORAN BLVD. ORLANDO FL 32807-9546</b>
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2. Principal Place of Business <b>21 6441 E. Colonial Dr.</b> Suite, Apt. #, etc.		2a. Mailing Address <b>26 6441 E. Colonial Dr.</b> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>12/18/1995</b>		3a. Date of Last Report <b>04/19/1996</b>	
22 City & State <b>23 Orlando, Fl</b>		27 City & State <b>28 Orlando, Fl</b>		4. FEI Number <b>APPLIED FOR 59-3366836</b>		Applied For Not Applicable	
24 Zip <b>32807</b>		25 Country <b>USA</b>		29 Zip <b>32807</b>		30 Country <b>USA</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>				9. Name and Address of Current Registered Agent			
7. \$8.75 Additional Fee Required				10. Name and Address of New Registered Agent			
8. \$5.00 May Be Added to Fees				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.			

9. Name and Address of Current Registered Agent  <b>EULIANO, NEIL R</b> <b>1819 N. SEMORAN BLVD.</b> <b>ORLANDO FL 32807</b>				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code			
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SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ANGLEY, JOSEPH DR.PH.D</b>	1.2 NAME	
STREET ADDRESS	<b>1045 LAKEPOINT DRIVE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33326</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DOMBROWSKI, RAYMOND DR.PH.D</b>	2.2 NAME	
STREET ADDRESS	<b>4976 COURTLAND LOOP</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WINTER SPRINGS FL 32708</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PACY, JOSEPH</b>	3.2 NAME	
STREET ADDRESS	<b>1184 SOLANA AVENUE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WINTER PARK FL 32789</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>POWERS, JOHN</b>	4.2 NAME	
STREET ADDRESS	<b>603 SWEETWATER CLUB CIRCLE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LONGWOOD FL 32779</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BELL, STAFFORD A</b>	5.2 NAME	
STREET ADDRESS	<b>8614 PEPPERCORN DRIVE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL 32825</b>	5.4 CITY-ST-ZIP	
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 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.

CR2E037 (9/96)