

7-2-98 B 1998C
 FILE NOW: FILING FEE IS \$61.25

FILED
 Jul 02 1998 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # N95000005946 (7)
 1. Corporation Name
UNIVERSITY OF ORLANDO FOUNDATION, INC.



Principal Place of Business 6441 E COLONIAL DR ORLANDO FL 32807 US	Mailing Address 6441 E COLONIAL DR ORLANDO FL 32807 US
--	--

3. Date Incorporated or Qualified 12/18/1995	
4. FEI Number 59-3366836	Applied For 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	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>4/1</i>	

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

9. Name and Address of Current Registered Agent

**EULIANO, NEIL R
1819 N. SEMORAN BLVD.
ORLANDO FL 32807**

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

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	ANGLEY, JOSEPH DR.PH.D
STREET ADDRESS	1845 LAKEPOINT DRIVE
CITY-ST-ZIP	FORT LAUDERDALE FL 33326
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	DOMBROWSKI, RAYMOND DR.PH.D
STREET ADDRESS	4076 COURTLAND LOOP
CITY-ST-ZIP	WINTER SPRINGS FL 32708
TITLE	D <input type="checkbox"/> DELETE
NAME	PACY, JOSEPH
STREET ADDRESS	1184 SOLANA AVENUE
CITY-ST-ZIP	WINTER PARK FL 32789
TITLE	D <input type="checkbox"/> DELETE
NAME	POWERS, JOHN
STREET ADDRESS	603 SWEETWATER CLUB CIRCLE
CITY-ST-ZIP	LONGWOOD FL 32779
TITLE	D <input type="checkbox"/> DELETE
NAME	BELL, STAFFORD A
STREET ADDRESS	8814 PEPPERCORN DRIVE
CITY-ST-ZIP	ORLANDO FL 32825
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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	

14. I 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: *Wm. J. Perry (VINCENT F. PERRY)* 6/25/98 407-275-2022

CR2E037 (10/97)