

7-2-98 B 1998C  
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 Jul 02 1998 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</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>6441 E COLONIAL DR ORLANDO FL 32607 US</b>	Mailing Address <b>6441 E COLONIAL DR ORLANDO FL 32807 US</b>
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3. Date Incorporated or Qualified <b>12/18/1995</b>	
4. FEI Number <b>59-3366836</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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 <b>21</b>	2a. Mailing Address <b>28</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
	Zip <b>29</b>
	Country <b>30</b>

**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**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>FL</b> <b>85</b> 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**

TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>ANGLEY, JOSEPH DR.PH.D</b>
STREET ADDRESS	<b>1845 LAKEPOINT DRIVE</b>
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33326</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>DOMBROWSKI, RAYMOND DR.PH.D</b>
STREET ADDRESS	<b>4076 COURTLAND LOOP</b>
CITY-ST-ZIP	<b>WINTER SPRINGS FL 32708</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>PACY, JOSEPH</b>
STREET ADDRESS	<b>1184 SOLANA AVENUE</b>
CITY-ST-ZIP	<b>WINTER PARK FL 32789</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>POWERS, JOHN</b>
STREET ADDRESS	<b>603 SWEETWATER CLUB CIRCLE</b>
CITY-ST-ZIP	<b>LONGWOOD FL 32779</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>BELL, STAFFORD A</b>
STREET ADDRESS	<b>8814 PEPPERCORN DRIVE</b>
CITY-ST-ZIP	<b>ORLANDO FL 32825</b>
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. F. Perry (VINCENT F. PERRY)* 6/25/98 407-275-2022

CR2E037 (10/97)