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NONPROFIT CORPORATION ANNUAL REPORT

1998

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Feb 24 1998 8:00am

Secretary of State

A JOANNEN BIÐ JÓNN GNAN GARIÐ BORÐ HANN GARÐ BARÐ HJÓRÐ HJÓRÐ HÍÐIÐ HÁNN HÐAN

(404) b32-1111

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9400001319 (2)

COMMUNITY COLLEGES FOR INNOVATIVE TECHNOLOGY TRANSFER. INC.

| NOI LII, INO | | | | | | | | |
|---|---|--|-------------------------------|-----------------------------------|---|-------------------------------------|----------------------------|--|
| Principal Place of Business Mailing Address | | | | | 4 URBEILIGE BEG ERFEIT BEGEN GREIN ORDIN CONN | i 80181 11880 1186 11 | ALA ING 1864 | |
| 1519 CLEARLAKE ROAD COCOA FL 32822 | | 1519 CLEARLAKE ROAD COCOA FL 32922 | | 3. Date Incorporated or Qualified | | | | |
| | | | | 03/14/1994 | | | | |
| | | | | | 4. FEI Number | Ap | plied For | |
| | | | | | 59-3336075 | No | t Applicable | |
| 2. Principal I | Place of Business | 2a. Mailing Address | | | 5. Certificate of Status Desired | \$8.75 | Additional | |
| 21 | | 26 | | | Fee Re | | | |
| Suite, Apt | . #, etc. | Suite, Apt. #, etc. | | | 6. Election Campaign Financing | \$5.00 6 | | |
| 22 City & Sta | to | City & State | | | Trust Fund Contribution | Added to | | |
| 23 | ie . | 28 | | | 7. Is this nonprofit corporation a homeow. The Yes | ners association | ny | |
| Zip | Country | Zip | Country | | 8. This corporation owes or has paid the | | annible | |
| 24 | 25 | ├ ─ ` | 30 | | Personal Property Tax due June 30. | |] No | |
| | 9. Name and Address of Curre | | | | 10. Name and Address of New Registere | ed Agent | | |
| | | | 81 | Name | | | | |
| AITKEN, ROBERT | | | 82 | Street Ar | ddress (P.O. Box Number is Not Acceptable) | | | |
| | PGA BOULEVARD | | " | 0.1001711 | deress (1.0. bex rumber to recrease) | | | |
| | URNE FL 32934 | | 83 | | | | | |
| | | | 84 | City | | . 85 Zip (| Code | |
| | | | | • | | | | |
| 11. Pursuant office or | to the provisions of Sections 617,050 registered agent, or both, in the State | 02 and 617.1508, Florida Statute of Florida, Such change was a | s, the above uthorized by | named c | corporation submits this statement for the purpose pration's board of directors. I hereby accept the a | of changing it pointment as | s registered registered | |
| agent. I : SIGNATURE | am tamiliar with, and accept the oblig | lations of, Section 517.0503, Floi | rida Statutes | | | | | |
| SIGNATORE | Signature, typed or printed name of registered ag- | and title if applicable (NOTE: | Registered Age | nt signature re | equired when reinstating) DATE | | | |
| 12. | OFFICERS AN | ID DIRECTORS | 13. | | ADDITIONS/CHANGES TO OFFICERS A | | | |
| TITLE | D | ☐ DELETE | 1.1 TITLE | | | Change | Addition | |
| NAME | ALEXANDER, TED J | | 1.2 NAME | | | | | |
| STREET ADDRESS | PEARL RIVER COMMUNITY C | | 1.3 STREET | ADDRESS | | | | |
| CITY-ST-ZIP | POPLARVILLE M\$ 39470-229 | 8 | 1.4 CHY-S | T-ZIP | | Lighten | Addition | |
| TITLE | D ALL DOLOUTE A DODUEL | ☐ DELETE | 2.1 TITLE | | | Change | CT MUDICION | |
| NAME | ALLBRIGHT, A. RODNEY | • | 2.2 NAME | 4000000 | | | | |
| STREET ADDRESS | ALVIN COMMUNITY COLLEGI | E | 2.3 STREET | Ι. | ÷ | | | |
| CITY-ST-ZIP TITLE | ALVIN TX 77511 | | 2. 4 CITY - S 3.1 TITLE | I-ZIP | | Change | Addition | |
| NAME | _ | | 3.2 NAME | | | | | |
| STREET ADDRESS | BICKFORD, ROBERT I PRINCE GEORGE'S COMMUNITY COLLEGE | | | ADDRESS | | | | |
| CITY-ST-ZIP | LARGO MD 20772-2199 | WITE COLLEGE | 3.4. CITY-S | | | | | |
| TITLE | DAVIDO MID 501/5-5199 | DELETE | 4.1 TITLE | 4.4 | | Change | Addition | |
| NAME | CARPENTER, RICHARD G | | 4, 2 NAME | | | - | | |
| STREET ADDRESS | JOHN C. CALHOUN STATE C | COMMUNITY COLLEGE | 4.3 STREET | ADDRESS | | | | |
| CITY-ST-ZIP | DECATUR AL 35609-2216 | | 4.4 CITY-S | | | | | |
| TITLE | D | DELETE | 5.1 TITLE | | | Change | Addition | |
| NAME | CELMENTS, THOMAS H | | 5.2 NAME | | | | | |
| STREET ADDRESS | FOOTHILL COLLEGE | | 5.3 STREET | ADDRESS | • | | | |
| CITY-ST-ZIP | LOS ALTOS HILLS CA 94022 | | 5.4 CITY-S | [- Z IP | | | | |
| TITLE | 0 | ☐ DELETE | 6.1 TITLE | | | Change | Addition | |
| NAME | KING, MAXWELL C | | 6.2 NAME | | | | | |
| STREET ADDRESS | BREVARO COMMUNITY COLL | EGE | 6.3 STREET | ADDRESS | | | | |
| CITY-ST-ZIP | COCOA FL 32922 | | 6.4 CITY-S | | | | | |
| 14. I hereby indicated | certify that the information supplied will on this annual report or supplement. | with this filing does not qualify for at annual report is true and accu | r the exempt trate and tha | tion stated at my signa | I in Section 119.07(3)(i), Florida Statutes. I further ature shall have the same legal effect as if made | certify that the under oath; the | information it I am an | |
| officer or Block 12 | director of the corporalish or the rec or Block 13 if changed, or on an atta | oiver or trustee empowered to e schment with an address. | xecute this r | eport as re | ature shall have the same legal effect as if made equired by Chapter 617, Florida Statutes; and the | at my name app | oears In | |
| | | 1 1 | | | <i>i</i> | | | |