FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 10 PM 12:28

DOCUMENT # 747318 (4)

1. Corporation Name

COMMUNITY COLLEGES FOR INTERNATIONAL DEVELOPMENT INC.

Principal Place of Business	Mailing Address
1519 CLEARLAKE RD 1519 CLEARLAKE ROAD COCOA FL 32922 US	1519 CLEARLAKE RD 1519 CLEARLAKE ROAD COCOA FL 32922 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/23/1979
3a. Date of Last Report: 04/20/1994
4. FEI Number: 59-2073513 ☐ Applied For ☐ Not Applicable
2. Principal Place of Business (21)
2a. Mailing Address (28)
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Suite, Apt. #, etc. (22) (27)
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
City & State (23) (28)
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
Zip (24) Country (25) Zip (29) Country (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
KING, MAXWELL C 1519 CLEARLAKE RD COCOA FL 32922	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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	DV	1.1 TITLE	S/T/D	☒ Change ☐ Addition
NAME	STEWART, BILL F.	1.2 NAME	Koller, Albert M.	
STREET ADDRESS	1525 EAST WELDON AVENUE	1.3 STREET ADDRESS	1519 Clearlake Road	
CITY-ST-ZIP	FRESNO CA	1.4 CITY-ST-ZIP	Cocoa, FL 32922	
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	ANDERSON, RICHARD	2.2 NAME		
STREET ADDRESS	800 MAIN ST	2.3 STREET ADDRESS		
CITY-ST-ZIP	PEWAUKEE, WIS 00000	2.4 CITY-ST-ZIP		
TITLE	STD	3.1 TITLE		☐ Change ☐ Addition
NAME	MILLARD, THOMAS L.	3.2 NAME		
STREET ADDRESS	800 MAIN STREET	3.3 STREET ADDRESS		
CITY-ST-ZIP	PEWAUKEE WI	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	PONITZ, DAVID H.	4.2 NAME		
STREET ADDRESS	444 WEST THIRD	4.3 STREET ADDRESS		
CITY-ST-ZIP	DAYTON OH	4.4 CITY-ST-ZIP		
TITLE	CD	5.1 TITLE		☐ Change ☐ Addition
NAME	KING, MAXWELL C	5.2 NAME		
STREET ADDRESS	1519 CLEARLAKE RD	5.3 STREET ADDRESS		
CITY-ST-ZIP	COCOA, FL 00000	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ 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)(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: Maxwell C King Maxwell C. King 4/3/95 407/632-1111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #