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NONPROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

COMMUNITY COLLEGES FOR INTERNATIONAL DEVELOPMENT

INC.	Oldin Oobbedee Coll II		• • • • • • • • • • • • • • • • • • • •		
Principal Place	of Business	Mailing Address		1 100111 100111 10011 10011 10000 11001 11001	(40 M)M14 M1811 M1011 M1443 M1011 M1011 1801
1519 CLEARLAK 1519 CLEARLAK COCOA FL 329	KE ROAD	1519 CLEARLAKE RD 1519 CLEARLAKE ROAD COCOA FL 32922-6597		Date Incorporated or Qualified	3a. Date of Last Report
US		US		05/23/1979	05/01/1996
2. Principal Pl	ace of Business	2a. Mailing Address 26		4. FEI Number 59-2073513	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	3	City & State		6. Election Campaign Financing	\$5.00 May Be
23	0.55	28 Zip	Country	Trust Fund Contribution	Added to Fees
Zip	Country 25	29	30	8. This corporation has liability for in Florida Statutes	Yes No
241	9. Name and Address of Curr		100	10. Name and Address of New Reg	istered Agent
			81 Name		
	AXWEUL® EARLAKE RD		82 Street Add	dress (P.O. Box Number is Not Acceptable	e)
	FL 82922	1	B3		
1			84 City		FL 85 Zip Code
11. Pursuant I	to the provisions of Sections 617.0	502 and 617.1508, Florida Statu	rtes, the above-named cor	poration submits this statement for the pr	
office or re agent. I a	egistered agent, or both, in the Sta m familiar with, and accept the ob-	ate of Florida. Such change was ligations of, Section 617.0503, F	authorized by the corporationida Statutes.	poration submits this statement for the pation's board of directors. I hereby accep	t the appointment as registered
SIGNATURE	•				
	Signature, typed or printed name of registered		TE: Registered Agent signature requ		DATE
12.	OFFICERS A	AND DIRECTORS	13.	ADDITIONS/CHANGES 10 OFFIC	ERS AND DIRECTORS IN 12
12. TITLE	OFFICERS A		13.	ADDITIONS/CHANGES TO OFFIC	
12. TITLE NAME	OFFICERS A STD KOLLER, ALBERT M	AND DIRECTORS	13. 1.1 TITLE 1.2 NAME Q	ADDITIONS/CHANGES TO OFFICE ORDON, ROBERT A.	ERS AND DIRECTORS IN 12 Change X Addition
12. TITLE NAME STREET ADDRESS	STD KOLLER, ALBERT M 1519 CLEARLAKE ROAD	AND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 20	ADDITIONS/CHANGES TO OFFICE ORDON, ROBERT A. OS HUMBER COLLEGE BLVI	ERS AND DIRECTORS IN 12 Change X Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS A STD KOLLER, ALBERT M 1519 CLEARLAKE ROAD COCOA FL	AND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 1.4 CITY-ST-ZIP 1.5 TITLE 1.7 TITLE	ADDITIONS/CHANGES 10 OFFICE ORDON, ROBERT A. O5 HUMBER COLLEGE BLVD TOBICOKE, ONTARIO, CAN	ERS AND DIRECTORS IN 12 Change X Addition
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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 enrylal 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 proportion of the required of mustor empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 in Annual to the proportion of the required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 in Annual to the proportion of the proporti

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May 09 1997 8:00am

Secretary of State