

FILE NOW: FILING FEE IS \$61.25

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Apr 22 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **747318** (4)

1. Corporation Name

COMMUNITY COLLEGES FOR INTERNATIONAL DEVELOPMENT INC.



Principal Place of Business		Mailing Address		3. Date Incorporated or Qualified	
1519 CLEARLAKE RD 1519 CLEARLAKE ROAD COCOA FL 32922 US		1519 CLEARLAKE RD 1519 CLEARLAKE ROAD COCOA FL 32922 US		05/23/1979	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	
21 Suite, Apt. #, etc.		2b Suite, Apt. #, etc.		59-2073513	
22 City & State		27 City & State		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
24 Country		29 Country		7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No	
25		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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	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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD KOLLER, ALBERT M 1519 CLEARLAKE ROAD COCOA FL	1.1 TITLE	STD LUDWICZAK, ROBERT 1519 CLEARLAKE ROAD COCOA, FL 32922
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	D DELLOW, DONALD A P.O. BOX 1017, FRONT STREET BINGHAMTON NY	2.1 TITLE	D TERRANCE BROWN NORTH 2003 GREENE STREET SPOKANE, WA 99217
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	D STEWART, BILL F 1525 EAST WELDON AVE FRESNO CA	3.1 TITLE	D V. CLYDE MUSE 501 EAST MAIN STREET RAYMOND, MS 39154
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	D VEGA, WILLIAM M 1370 ADAMS AVE. COSTA MESA CA	4.1 TITLE	D ROBERT JENSEN 4905 C. EAST BROADWAY BLVD TUCSON, AZ 85709
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	CD KING, MAXWELL C 1519 CLEARLAKE RD COCOA, FL 00000	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	D GORDON, ROBERT A 205 HUMBER COLLEGE BLVD. ETOBICOKE ON	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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: *Robert A. Jensen*

4-14-98 407/631-3784

CRZE037 (10/97)