# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 28, 2006 8:00 am**
**Secretary of State**
03-28-2006 90111 031 ****61.25

DOCUMENT # N00000006492

1. Entity Name
CENTRAL FLORIDA HIGHER EDUCATIONAL ALLIANCE, INC.

400492

| Principal Place of Business | Mailing Address |
|---|---|
| 4700 MILLENIA BLVD<br>SUITE 100<br>ORLANDO, FL 32839 | P.O. BOX 160518<br>ALTAMONTE SPRINGS, FL 32716-0518 |

03152006 Chg-NP CR2E037 (11/05)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 4000 Millenia Blvd | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Orlando, FL | City & State |
| Zip: 32839 Country: USA | Zip Country |

4. FEI Number: 59-3675603 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| KELLEHER, AUDREY<br>4700 MILLENIA BLVD<br>STE 100<br>ORLANDO, FL 32839 | Name: Wendy Lamoreaux<br>Street Address (P.O. Box Number is Not Acceptable): 111 Lake Hollingsworth Dr<br>City: Lakeland FL Zip Code: 33801 |

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE: [signature] 3-17-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is $61.25**
**Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>KELLEHER, AUDREY<br>4700 MILLENIA BLVD STE 100<br>ORLANDO, FL 32839 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>Wendy Lamoreaux<br>111 Lake Hollingsworth Dr<br>Lakeland, FL 33801 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V<br>SERAFIN, MICHELLE<br>4000 CENTRAL FLORIDA BLVD<br>ORLANDO, FL 32816 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V<br>Jennifer Mattison<br>2301 Maitland Center Pkwy #165<br>Maitland, FL 32751 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>ARGEROS, ALICE<br>1000 HOLT AVE 2722<br>WINTER PARK, FL 32789 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V<br>SEMLER, CHRIS<br>4000 MILLENIA BLVD<br>ORLANDO, FL 32839 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>NEGRON, LUCY<br>6750 FORUM DR STE 300<br>ORLANDO, FL 32821 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>Kim Robinson<br>4000 Millenia Blvd<br>Orlando, FL 32839 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>ALLEN, ERICA<br>2301 MAITLAND CTR PKWY STE 165<br>MAITLAND, FL 32751 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>Phyllis Croomes<br>1020 N. Orlando Ave, Suite 2<br>Winter Park, FL 32789 | ☒ Change ☐ Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** [signature] 3-17-06 863-680-4205
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #