

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90177 050 \*\*\*\*61.25

<b>DOCUMENT # N00000006492</b>					
<b>1. Entity Name</b> CENTRAL FLORIDA HIGHER EDUCATIONAL ALLIANCE, INC.					
<b>Principal Place of Business</b> 4000 MILLENIA BLVD ORLANDO, FL 32839			<b>Mailing Address</b> P.O. BOX 160518 ALTAMONTE SPRINGS, FL 32716-0518		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-3675603	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  LAMOREAUX, WENDY A 1650 SAND LAKE RD SUITE 390 ORLANDO, FL 32809			<b>7. Name and Address of New Registered Agent</b> Name: <u>Desiree Berenquer</u> Street Address (P.O. Box Number is Not Acceptable): <u>4000 Millenia Blvd</u> City: <u>Orlando</u> FL <u>32839</u>		
<b>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.</b>					
<b>SIGNATURE</b> <u>Desiree Berenquer, Treasurer</u> <small>Signature, typed or printed name of registered agent and title if applicable</small>		<small>(NOTE: Registered Agent signature required when reinstating)</small>		<b>DATE</b> <u>4/26/08</u>	
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> LAMOREAUX, WENDY 1650 SAND LAKE RD, SUITE 390 ORLANDO, FL 32809	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> Desiree Berenquer 4000 Millenia Blvd Orlando FL 32839	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> ARGEROS, ALICE 1000 HOLT AVE- 2722 WINTER PARK, FL 32789	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> BUCHAN, KAREN 6750 FORUM DR, SUITE 300 ORLANDO, FL 32821	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> Sharon Rosin 1545 S. Semoran Blvd Winter Park, FL 32792	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> STRAUBINGER, DEBORAH 2180 WEST SR 434, SUITE 5100 LONGWOOD, FL 32779	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> Jennifer Perry 3325 Southpark circle Orlando FL 32819	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> SEMLER, CHRISTINE 4000 MILLENIA BLVD ORLANDO, FL 32839	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> CROOMS, PHYLLIS 1020 N ORLANDO AVE., SUITE 2 WINTER PARK, FL 32789	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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.</b>					
<b>SIGNATURE:</b> <u>Desiree Berenquer, Treasurer</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small> <u>4/26/08</u>		<small>Daytime Phone #</small> <u>407 3554838</u>	