

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N00000006492

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



Principal Place of Business
4000 MILLENIA BLVD
ORLANDO, FL 32839

Mailing Address
P.O. BOX 160518
ALTAMONTE SPRINGS, FL 32716-0518

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

FILED
08 JUL 14 AM 8:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07092008 Chg-NP CR2E037 (12/06)

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
BERENGER, DESIREE
4000 MILLENIA BLVD
ORLANDO, FL 32839

7. Name and Address of New Registered Agent
Name
Cristina M. Phillips
Street Address (P.O. Box Number is Not Acceptable)
4850 Millenia Boulevard
City
Orlando FL Zip Code
32839

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 Cristina M. Phillips, treasurer Cristina M. Phillips 7/19/2008
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is \$61.25

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	T BERENGER, DESIREE 4000 MILLENIA BLVD ORLANDO, FL 32839 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Cristina M. Phillips 4850 Millenia Blvd. Orlando, FL 32839 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ARGEROS, ALICE 1000 HOLT AVE- 2722 WINTER PARK, FL 32789 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Jennifer Perry 8325 South Park Circle Suite 100 Orlando, FL 32819 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSIN, SHARON 1595 S SEMORAN BLV WINTER PARK, FL 32792 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000133690200 07/29/08--01009--009 **61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STRAUBINGER, DEBORAH 2180 WEST SR 434, SUITE 5100 LONGWOOD, FL 32779 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Jim Pignone 203 East Lyman Avenue Winter Park, FL 32789 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SEMLER, CHRISTINE 4000 MILLENIA BLVD ORLANDO, FL 32839 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CROOMS, PHYLLIS 1020 N ORLANDO AVE., SUITE 2 WINTER PARK, FL 32789 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Marsha Santos 4800 Howell Branch Road Winter Park, FL 32792 <input type="checkbox"/> Change <input checked="" type="checkbox"/> 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: Cristina M. Phillips, treasurer Cristina M. Phillips 7/19/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #