2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # N01000005338

1. Entity Name
THE COUNCIL OF HIGHER EDUCATION INSTITUTIONS OF FLORIDA, INC.

Principal Place of Business	Mailing Address
215 S. MONROE ST. SUITE 701 TALLAHASSEE, FL 32301	215 S. MONROE ST. SUITE 701 TALLAHASSEE, FL 32301

01152004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 82-0589378 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

HARRIS, BOB L ESQ
215 S. MONROE ST.
SUITE 701
TALLAHASSEE, FL 32301

DO NOT WRITE IN THIS SPACE

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, 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, 2004

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

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	FIKE, C.M.
STREET ADDRESS	1401 W. CYPRESS CREEK RD.
CITY-ST-ZIP	FT. LAUDERDALE, FL 33309
TITLE	VCD
NAME	BEAUREGARD, MIKE
STREET ADDRESS	1401 W. CYPRESS CREEK RD.
CITY-ST-ZIP	FT. LAUDERDALE, FL 33309
TITLE	STD
NAME	HARRIS, BOB
STREET ADDRESS	301 S. BRONOUGH ST., STE. 200
CITY-ST-ZIP	TALLAHASSEE, FL 323011722
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

UD000000913B
01/20/04-80093-008 61.25

DO NOT WRITE IN THIS SPACE

12. 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 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: _____ 1/15/04 850-222-0720
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #