

FILE NOW: FILING FEE IS \$61.25

Page 1 of 3

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N04783**

1. Corporation Name

CENTRAL FLORIDA INNOVATION CORPORATION

Principal Place of Business

**201 EAST PINE STREET
SUITE 1200
ORLANDO FL 32801**

Mailing Address

**201 EAST PINE STREET
SUITE 1200
ORLANDO FL 32801**

FILED

99 FEB 12 PM 12:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	08/20/1984	
22	City & State	27	City & State	4. FEI Number 59-2469191	
23	Zip	28	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24	Country	29	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

**MARSHALL, BYRD F JR
201 E PINE STREET, SUITE 1200
ORLANDO FL 32801**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

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	D	1.1 TITLE	See attached Exhibit "A" <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, DAVID	1.2 NAME	for additional officers and directors
STREET ADDRESS	201 E. PINE ST., STE. 1200	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TIMBERLAKE, EDMUND C	2.2 NAME	
STREET ADDRESS	201 E PINE STREET, SUITE 1200	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32801	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARION, FRED L PHD	3.2 NAME	
STREET ADDRESS	201 E. PINE STREET, SUITE 1200	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOGA, LEE	4.2 NAME	
STREET ADDRESS	201 E. PINE STREET, SUITE 1200	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWIS, JOHN	5.2 NAME	
STREET ADDRESS	201 E PINE ST STE 1200	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACOBS, DIANNE M	6.2 NAME	
STREET ADDRESS	201 E. PINE STREET, SUITE 1200	6.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	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, with all other like empowered.

SIGNATURE:

Byrd F. Marshall, Jr., Director 2/11/99 407-843-8880

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

EXHIBIT "A"
TO
NONPROFIT CORPORATION ANNUAL REPORT
CENTRAL FLORIDA INNOVATION CORPORATION
ADDITIONAL DIRECTORS AND OFFICERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/Chairman of the Board Edmund C. Timberlake, Jr. 201 E. Pine Street, Suite 1200 Orlando, Florida 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Tanja Goff 201 E. Pine Street, Suite 1200 Orlando, Florida 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D M.J. Soileau 201 E. Pine Street, Suite 1200 Orlando, Florida 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Byrd F. Marshall, Jr. 201 E. Pine Street, Suite 1200 Orlando, Florida 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Charles Parrish 201 E. Pine Street, Suite 1200 Orlando, Florida 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/T Timothy O'Toole 201 E. Pine Street, Suite 1200 Orlando, Florida 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Steve Miller 201 E. Pine Street, Suite 1200 Orlando, Florida 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Darrell Kelley 201 E. Pine Street, Suite 1200 Orlando, Florida 32801

pg. 3

Exhibit A
Nonprofit Corporation Annual Report
Central Florida Innovation Corporation
Additional Directors and Officers
Page 2

TITLE	P
NAME	Richard Fox
STREET ADDRESS	201 E. Pine Street, Suite 1200
CITY-ST-ZIP	Orlando, Florida 32801

Last revised on February 10, 1999