

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10924

FILED
Apr 08, 2005
Secretary of State

Entity Name: FLORIDA CHRISTIAN UNIVERSITY, INC.

Current Principal Place of Business:

5950 LAKEHURST DR SUITE 101
ORLANDO, FL 32819 US

New Principal Place of Business:

5950 LAKEHURST DR
SUITE 121
ORLANDO, FL 32819 US

Current Mailing Address:

6131 SAINT IVES BLVD.
ORLANDO, FL 32819 US

New Mailing Address:

5950 LAKEHURST DRIVE
SUITE `121
ORLANDO, FL 32819 US

FEI Number: 59-3085435

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PORTIGLIATTI, FERNANDA
6131 SAINT IVES BLVD.
ORLANDO, FL 32819 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SHINDOLL, FLORALEE ANN
Address: 4601 JUDY CT
City-St-Zip: ORLANDO, FL 32839

Title: P () Delete
Name: PORTIGLIATTI, ANTONIO B
Address: 6131 SAINT IVES BLVD.
City-St-Zip: ORLANDO, FL 32819

Title: D () Delete
Name: URICH, BRUCE W.H.
Address: 2142 BONANZA AVENUE
City-St-Zip: WINTER PARK, FL 32792

Title: SD () Delete
Name: PORTIGLIATTE, FERNANDA G
Address: 6131 SAINT IVES BLVD.
City-St-Zip: ORLANDO, FL 32819 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTONIO B.PORTIGLIATTI

P

04/08/2005

Electronic Signature of Signing Officer or Director

Date