

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
 AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

APPROVED
AND
FILED

96 SEP 30 PM 2:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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 10/16/96-01003-004
 *****1.25 *****1.25

NONPROFIT CORPORATION
 ANNUAL REPORT
 1996

FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **N18454** (1)
 1. Corporation Name
THE FOUNDATION FOR ORANGE COUNTY PUBLIC SCHOOLS, INC.

Principal Place of Business
**445 W. AMELIA AVENUE
 P.O. BOX 633
 ORLANDO FL 32801
 US**

Mailing Address
**TWO SOUTH ORANGE PLAZA
 P.O. BOX 633
 ORLANDO FL 32801**

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country

2a. Mailing Address
 26 **ORANGE COUNTY Public Schools**
 27 Suite, Apt. #, etc.
P.O. BOX 271
 28 City & State
ORLANDO, FL
 29 Zip Country
32802 USA

3. Date Incorporated or Qualified
01/20/1987

3a. Date of Last Report
08/25/1995

4. FEI Number
59-2788435

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**SNIVELY, STEPHEN W.
 TWO SOUTH ORANGE PLAZA
 ORLANDO FL 32801**

10. Name and Address of New Registered Agent
 81 Name **MICHAEL E. MEKDECI**
 82 Street Address (P.O. Box Number is Not Acceptable)
445 W. AMELIA
 83 **o/o ORANGE COUNTY Public Schools**
 84 City **ORLANDO** FL 85 Zip Code **32801**

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: *Michael E. Mekdeci* **MICHAEL E. MEKDECI** 7/10/96
 (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	HEALY, LAWRENCE	
STREET ADDRESS	111 N. ORANGE AVE, SUITE 100M	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	ED	<input type="checkbox"/> DELETE
NAME	MEKDECI, MICHAEL E	
STREET ADDRESS	445 W. AMELIA AVENUE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	SNIVELY, STEPHEN W.	
STREET ADDRESS	200 S. ORANGE AVENUE, SUITE 3000	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	CLEMENTS, WILLIAM C.	
STREET ADDRESS	390 N. ORANGE AVENUE	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	SANTOMASSION, ROCKY	
STREET ADDRESS	1612 LORENA LANE	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	HARRINGTON, ROSEANN	
STREET ADDRESS	PO. BOX 3193 N/A	
CITY-ST-ZIP	ORLANDO FL 32802	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HEALY, LAWRENCE	
1.3 STREET ADDRESS	111 N. ORANGE AVE, SUITE 100M	
1.4 CITY-ST-ZIP	ORLANDO FL 32801	
2.1 TITLE	ED	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Mekdeci, Michael E.	
2.3 STREET ADDRESS	445 West Amelia Street	
2.4 CITY-ST-ZIP	Orlando, FL 32801	
3.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	HOOD, Phyllis	
3.3 STREET ADDRESS	P.O. BOX 1526	
3.4 CITY-ST-ZIP	ORLANDO, FL 32802	N/A
4.1 TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	CLEMENTS, William C.	
4.3 STREET ADDRESS	390 N. ORANGE AVE	
4.4 CITY-ST-ZIP	ORLANDO, FL 32801	
5.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	SANTOMASSINO, ROCKY	
5.3 STREET ADDRESS	1612 LORENA LANE	
5.4 CITY-ST-ZIP	ORLANDO, FL 32806	
6.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	LIGHTSEY, PAULA	
6.3 STREET ADDRESS	PO BOX 1391	
6.4 CITY-ST-ZIP	ORLANDO, FL 32801	N/A

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.
 SIGNATURE: *Michael E. Mekdeci* **MICHAEL E. MEKDECI** 7/10/96
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 (407) 317-3297
 Date Daytime Phone #
 0004108

CR2E037 (3/96)