

481-6000

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Mar 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 430 271 ORLANDO FL 32801 US	Mailing Address ORANGE COUNTY PUBLIC SCHOOLS P.O. BOX 271 ORLANDO FL 32801-0271
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3. Date Incorporated or Qualified 01/20/1987	3a. Date of Last Report 09/30/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 445 W. Amelia Street City & State P.O. 271 Zip 32801-0271	2a. Mailing Address 26 Suite, Apt. #, etc. City & State Zip 32801-0271
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4. FEI Number 59-2788435	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**MEKDECI, MICHAEL E
 445 W. AMELIA
 C/O ORANGE COUNTY PUBLIC SCHOOLS
 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<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	SD	<input type="checkbox"/> DELETE
NAME	HOOD, PHYLLIS	
STREET ADDRESS	P.O. BOX 1526 N/A	
CITY-ST-ZIP	ORLANDO FL 32802	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	CLEMENTS, WILLIAM C	
STREET ADDRESS	390 N. ORANGE AVENUE	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SANTOMASSION, ROCKY	
STREET ADDRESS	1812 LORENA LANE	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LIGHTSEY, PAULA	
STREET ADDRESS	P.O. BOX 1391 N/A	
CITY-ST-ZIP	ORLANDO FL 32801	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	street
2.4 CITY-ST-ZIP	32801
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	President-Elect <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	P.O. BOX 538 230 N/A
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Pratt, Paula
6.3 STREET ADDRESS	P.O. Box 880 N/A
6.4 CITY-ST-ZIP	Winter Park, FL 32790-0880

14. I do 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.

SIGNATURE: *Michael Healy* **REQUIRED** Date: **2/7/97** Daytime Phone # **0018195**

CP2E037 (9/96)