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Apr 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morton Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N18454 (1)
 Corporation Name
THE FOUNDATION FOR ORANGE COUNTY PUBLIC SCHOOLS, INC.



Principal Place of Business		Mailing Address	
445 W. AMELIA AVENUE PO BOX 271 ORLANDO FL 32801 US		32801-0271 P.O. BOX 271 ORLANDO FL 32802 US	
2. Principal Place of Business	2a. Mailing Address	21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.	22	27
City & State	City & State	23	28
Zip	Country	24	29
		25	30

3. Date Incorporated or Qualified	01/20/1987
4. FEI Number	59-2788435
Applied For	Not Applicable
6. 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
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" 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	FL
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 re-issuing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	President:
NAME	HEALY, LAWRENCE	1.2 NAME	Paula Pratt - D
STREET ADDRESS	111 N. ORANGE AVE, SUITE 100M	1.3 STREET ADDRESS	P.O. Box 880
CITY-ST-ZIP	ORLANDO FL 32801	1.4 CITY-ST-ZIP	Winter Park FL 32790 (N/A)
TITLE	ED	2.1 TITLE	ED
NAME	MEKDECI, MICHAEL E	2.2 NAME	Jill Tan:illo
STREET ADDRESS	445 W AMELIA ST	2.3 STREET ADDRESS	445 W. Amelia St.
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	Orlando FL 32801
TITLE	SD	3.1 TITLE	Sec.
NAME	HOOD, PHYLLIS	3.2 NAME	Bob Mindick - D
STREET ADDRESS	P.O. BOX 1526 N/A	3.3 STREET ADDRESS	7007 Sea World Dr.
CITY-ST-ZIP	ORLANDO FL 32802	3.4 CITY-ST-ZIP	Orlando FL 32821
TITLE	CD	4.1 TITLE	Treasurer
NAME	CLEMENTS, WILLIAM C	4.2 NAME	Cathy Sterba - D
STREET ADDRESS	390 N. ORANGE AVENUE	4.3 STREET ADDRESS	P.O. Box 3200 390 N. Orange Ave.,
CITY-ST-ZIP	ORLANDO FL 32801	4.4 CITY-ST-ZIP	Orlando FL 32801
TITLE	PE	5.1 TITLE	VP
NAME	SANTOMASSION, ROCKY	5.2 NAME	Rocky Santomassino - D
STREET ADDRESS	PO GBOX 538230 N/A	5.3 STREET ADDRESS	P.O. Box 538230
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP	Orlando FL 32853 (N/A)
TITLE	VD	6.1 TITLE	Chairmen
NAME	PRATT, PAULA	6.2 NAME	Larry Healy - D
STREET ADDRESS	PO BOX 880 N/A	6.3 STREET ADDRESS	NationsBank, P.O. Box 3200 390 N. Orange
CITY-ST-ZIP	WINTER PARK FL	6.4 CITY-ST-ZIP	Orlando FL 32801

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14. I hereby certify that the information supplied with this form 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:  1/24/98

CR2E037 (10/97)