


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 27, 1999 8:00 am
Secretary of State

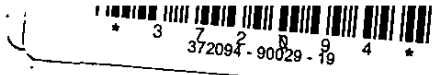
02-27-1999 90050 007 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # N18454

1. Corporation Name
THE FOUNDATION FOR ORANGE COUNTY PUBLIC SCHOOLS, INC.

Principal Place of Business 445 W. AMELIA AVENUE PO BOX 271 ORLANDO FL 32801 US	Mailing Address 32801-0271 P.O. BOX 271 ORLANDO FL 32802 US
---	---



21. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 01/20/1987
22. Suite, Apt. #, etc.	2b. Suite, Apt. #, etc.	4. FEI Number 59-2788435
23. City & State	2c. City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24. Zip	2d. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
25. Country	2e. Country	

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 Paula Pratt 82 Street Address (P.O. Box Number is Not Acceptable) 390 N. Orange Avenue, Suite 1500 83 P.O. Box 1391 84 City Orlando 85 Zip Code FL 32802-1391
--	---

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]* DATE: April 14, 1999

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD HEALY, LARRY 390 N. ORANGE AVE, NATIONSBANK ORLANDO FL 32801 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED TANCILLO, JILL 445 W AMELIA ST ORLANDO FL 32801 <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	ED Peed, Nancy 445 W. Amelia St. Orlando, FL 32801 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MINDICK, BOB 7007 SEA WORLD DR ORLANDO FL 32821 <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD STERBA, CATHY 390 N. ORANGE AVENUE ORLANDO FL 32801 <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SANTOMASSION, ROCKY P.O. BOX 538239 N/A ORLANDO FL 32853 <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	VD Santomassino, Rocky P.O. Box 538239 Orlando, FL 32853 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PRATT, PAULA PO BOX 880 N/A WINTER PARK FL 32790 <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* DATE: April 14, 1999 DAYTIME PHONE # 407/423-4246

CR2E037 (11/89)