2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18454

FILED Jaņ 15, 2<u>00</u>8 Secretary of State

Entity Name: FOUNDATION FOR ORANGE COUNTY PUBLIC SCHOOLS, INC.

Current Principal Place of Business: New Principal Place of Business:

445 W. AMELIA ST. SUITE 901

ORLANDO, FL 32801 US

New Mailing Address: Current Mailing Address:

445 W. AMELIA ST. SUITE 901

ORLANDO, FL 32801

US

FEI Number: 59-2788435 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PEED, NANCY F EVANS, CRAIG S 445 W. AMELIA ST. 445 W. AMELIA ST. SUITE 901 SUITE 901

ORLANDO, FL 32801 US ORLANDO, FL 32801 US

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: CRAIG S. EVANS 01/15/2008

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

C/D (X) Change () Addition () Delete FERNANDEZ, MELANIE MS FERNANDEZ, MELANIE MS Name: Name: 201 S ORANGE AVE, SUITE 950 Address: 201 S ORANGE AVE, SUITE 950 Address: City-St-Zip: ORLANDO, FL 32801 US City-St-Zip: ORLANDO, FL 32801 US

(X) Change () Addition Title: () Delete Title:

BROOKS, ANDREW L Name: CORNETT, KIM A MS. Name:

Address: 221 NE LAKE IVANHOE BLVD., STE 200 Address: 1097 SAND POND ROAD, SUITE 1009

City-St-Zip: ORLANDO, FL 32804 City-St-Zip: LAKE MARY, FL 32746

Title: () Delete Title: (X) Change () Addition NOONAN, KEVIN MR NOONAN, KEVIN MR Name: Name:

500 S ORANGE AVE 500 S ORANGE AVE Address: Address: City-St-Zip: ORLANDO, FL 32801 City-St-Zip: ORLANDO, FL 32801

Title: T/D () Delete Title: T/D (X) Change () Addition

Name: MYERS, TIM Name: MYERS, TIM MR. 201 S. ORANGE AVE ., STE 1350 201 S. ORANGE AVE ., STE 1350 Address: Address:

City-St-Zip: ORLANDO, FL 32801 City-St-Zip: ORLANDO, FL 32801

Title: S/D () Delete Title: (X) Change () Addition EVANS, GERI MS WATERS, JAMES MR Name: Name:

2324 BAESEL VIEW DRIVE 108 STONEBROOK CT Address: Address: City-St-Zip: LONGWOOD, FL 32779 City-St-Zip: ORLANDO, FL 32835

Title: () Delete Title: (X) Change () Addition PEED, NANCY F MS EVANS, CRAIG S DR. Name: Name:

Address: 445 W AMELIA ST, SUITE 901 Address: 445 W AMELIA ST, SUITE 901 ORLANDO, FL 32801 City-St-Zip: ORLANDO, FL 32801 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: CRAIG S. EVANS ED 01/15/2008