

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 13, 2009
Secretary of State**

DOCUMENT# N18454

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

Current Principal Place of Business:

445 W. AMELIA ST.
SUITE 901
ORLANDO, FL 32801 US

New Principal Place of Business:

Current Mailing Address:

445 W. AMELIA ST.
SUITE 901
ORLANDO, FL 32801 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

EVANS, CRAIG S
445 W. AMELIA ST.
SUITE 901
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CH () Delete
Name: FERNANDEZ, MELANIE MS
Address: 201 S ORANGE AVE, SUITE 950
City-St-Zip: ORLANDO, FL 32801 US

Title: SECR () Delete
Name: CORNETT, KIM A MS.
Address: 1097 SAND POND ROAD, SUITE 1009
City-St-Zip: LAKE MARY, FL 32746

Title: VC () Delete
Name: NOONAN, KEVIN MR
Address: 500 S ORANGE AVE
City-St-Zip: ORLANDO, FL 32801

Title: T/D () Delete
Name: MYERS, TIM MR.
Address: 201 S. ORANGE AVE ., STE 1350
City-St-Zip: ORLANDO, FL 32801

Title: D () Delete
Name: WATERS, JAMES MR
Address: 2324 BAESSEL VIEW DRIVE
City-St-Zip: ORLANDO, FL 32835

Title: ED () Delete
Name: EVANS, CRAIG S DR.
Address: 445 W AMELIA ST, SUITE 901
City-St-Zip: ORLANDO, FL 32801

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CH (X) Change () Addition
Name: NOONAN, KEVIN MR
Address: 100 WEST ANDERSON STREET
City-St-Zip: ORLANDO, FL 32801 US

Title: CE (X) Change () Addition
Name: MYERS, TIM MR.
Address: 201 SOUTH ORANGE AVE., STE 1350
City-St-Zip: ORLANDO, FL 32801

Title: VC (X) Change () Addition
Name: GALBRAITH, JAY MR
Address: 7007 SEAWORLD DRIVE
City-St-Zip: ORLANDO, FL 32821

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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

01/13/2009

Electronic Signature of Signing Officer or Director

Date