

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N28008 (3)**  
1. Corporation Name  
**CENTRAL FLORIDA EDUCATIONAL FOUNDATION, INC.**



Principal Place of Business Mailing Address  
**C/O 288.3  
400 WEST LAKE BRANTLEY  
ALTAMONTE SPRINGS FL 32714-2715  
US**  
**C/O 288.3  
P.O. BOX 607977  
ORLANDO FL 32860-7977  
US**

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip Country 29 Zip Country  
24 25 29 30

3. Date Incorporated or Qualified **08/23/1988** 3a. Date of Last Report **05/01/1995**  
4. FEI Number **59-3028392** Applied For Not Applicable  
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

## 9. Name and Address of Current Registered Agent

**HOGUE, JAMES S.  
119 WYNDAM COURT  
LONGWOOD FL 32779-4616**

## 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE  
TITLE NAME STREET ADDRESS CITY-ST-ZIP  
NAME **CDP  
HOGUE, JAMES S.  
119 WYNDAM COURT  
LONGWOOD FL**  
TITLE NAME STREET ADDRESS CITY-ST-ZIP  
NAME **SD  
ROSENBERG, RICHARD A.  
844 TORCHWOOD DR.  
DELAND FL**  
TITLE NAME STREET ADDRESS CITY-ST-ZIP  
NAME **DV  
MOFFIT, THOMAS H., JR.  
304 CRANE COVE  
LONGWOOD FL**  
TITLE NAME STREET ADDRESS CITY-ST-ZIP  
NAME  
TITLE NAME STREET ADDRESS CITY-ST-ZIP  
NAME  
TITLE NAME STREET ADDRESS CITY-ST-ZIP  
NAME

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/3/96  
Date

(407)  
869-8000  
Daytime Phone #

CR2E037 (12/95)