

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED

97 MAY -1 AM 10:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N29137

1. Corporation Name

U.Y.O. SCHOLARSHIP FUND OF CENTRAL FLORIDA, INC.

Principal Place of Business

Mailing Address

2352 CHURCH STREET
OVIEDO FL 32765

PO BOX 3716
WINTER PARK, FL 32790-3716

3. Date Incorporated or Qualified

11/04/1988

3a. Date of Last Report

4/30/1996

2. Principal Place of Business

2a. Mailing Address

21 2352 CHURCH STREET

26 PO BOX 3716

4. FEI Number

59-2916500

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

10. Name and Address of New Registered Agent

WHEELER, KENNETH B.
300 GARFIELD AVE
WINTERPARK FL 32789

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1155 LOUISIANA AVE, SUITE 100

83

84 City

WINTER PARK

FL

85 Zip Code
32789

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME HARPER, CAROL
STREET ADDRESS 1675 KINGSTON RD
CITY-ST-ZIP LONGWOOD FL 32750

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D ☒ DELETE
NAME ROBERTS, STEPHEN
STREET ADDRESS 595 OLALU DR
CITY-ST-ZIP WINTER PARK FL 32789

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME 600002168036--2
2.3 STREET ADDRESS -05/06/97--01106--021
2.4 CITY-ST-ZIP *****61.25 *****61.25

TITLE DT ☐ DELETE
NAME ACOSTA, ROLAND
STREET ADDRESS 5301 NASSAU CIRCLE
CITY-ST-ZIP ORLANDO FL 32808

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME GUEST, JIM
STREET ADDRESS 2142 TUNBRIC AVE
CITY-ST-ZIP ORLANDO FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DP ☐ DELETE
NAME STARKWEATHER, DAVID
STREET ADDRESS 862 KENWICK CIRCLE, STE 103
CITY-ST-ZIP CASSELBERRY FL 32707

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS 2352 CHURCH STREET
5.4 CITY-ST-ZIP OVIEDO, FL 32765

TITLE D ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME DVP
6.3 STREET ADDRESS KOVES, JULIETTE
6.4 CITY-ST-ZIP 1224 MARSH CREEK LANE
ORLANDO, FL 32828

14. I do 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.

SIGNATURE:

DAVID L. STARKWEATHER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID L. STARKWEATHER

Date

4/20/97

Daytime Phone #

(407)365-8566

CR2E037 (9/96)