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FILED
Apr 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N29137**
1. Corporation Name
**UYO SCHOLARSHIP FUND OF CENTRAL
FLORIDA, INC.**

Principal Place of Business (NEW) Mailing Address (NEW)
**5031 NASSAU CIRCLE
ORLANDO FL 32808** ← (SAME)

2. Principal Place of Business 21 5031 NASSAU CIRCLE Suite, Apt. #, etc. 22 City & State 23 ORLANDO FL Zip 24 32808	2a. Mailing Address 26 5031 NASSAU CIRCLE Suite, Apt. #, etc. 27 City & State 28 ORLANDO FL Zip 29 32808	Country 25 ORANGE 30 ORANGE
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3. Date Incorporated or Qualified 11/04/88	4. FEI Number 59-2916500	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**WHEELER, KENNETH B
1155 LOUISIANA AVE, SUITE 100
WINTER PARK FL 32789**

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
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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 file if applicable) (NOTE: Registered Agent signature required when re-stating) DATE _____

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	D	
NAME	HARPER, CAROL	
STREET ADDRESS	1675 KINGSTON RD	
CITY-ST-ZIP	LONGWOOD FL 32750	
TITLE	DT	
NAME	ACOSTA, ROLAND	
STREET ADDRESS	5301 NASSAU CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE	D	
NAME	GUEST, JIM	
STREET ADDRESS	2142 TURNER AVE	
CITY-ST-ZIP	ORLANDO FL 32	
TITLE	DP	
NAME	STARKWEATHER, DAVID	
STREET ADDRESS	2852 CHURCH ST	
CITY-ST-ZIP	OVIEDO FL 32765	
TITLE	DVP	
NAME	KOVES, JULIETTE	
STREET ADDRESS	1224 MARSH CREEK LANE	
CITY-ST-ZIP	ORLANDO FL 32828	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.1 TITLE		
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	5031 NASSAU CIRCLE	
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	2142 TURNER AVE	
3.3 STREET ADDRESS	ORLANDO FL 32837	
3.4 CITY-ST-ZIP		
4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	116 COLYER DRIVE	
4.3 STREET ADDRESS	LONGWOOD FL 32779	
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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.

SIGNATURE: **DAVID L. STARKWEATHER** 4/7/98 (407) 365-8566
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/97)