

FILE NOW: FILING FEE IS \$61.25

NON-PROFIT CORPORATION ANNUAL REPORT, 1996



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

APPROVED AND FILED

1

1996 FEB 23 AM 8:59

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # N30858 (7)

1. Corporation Name

CENTRAL FLORIDA CONSORTIUM OF HIGHER EDUCATION, INC.

Principal Place of Business

Mailing Address

4000 CENTRAL FLORIDA BLVD C/O JOHN C HITT ORLANDO FL 32816 US

4000 CENTRAL FLORIDA BLVD C/O JOHN C HITT ORLANDO FL 32816 US



3. Date Incorporated or Qualified 02/24/1989 3a. Date of Last Report 06/16/1995

2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-2980417 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

9. Name and Address of Current Registered Agent HITT, JOHN C UNIVERSITY OF CENTRAL FLORIDA 4000 CENTRAL FLORIDA BLVD ORLANDO FL 32816 10. Name and Address of New Registered Agent 81 Name 82 Street Address 83 84 City 85 Zip Code FL

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 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE 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

Payment of \$61.25 thru JT from Dept. of Revenue.

SCC 2-28-96

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: JOHN C. HITT 1/19/96 Date Daytime Phone #

N30858

2

STATE OF FLORIDA VOUCHER SCHEDULE DATE 01/24/96 S-W/Agency Voucher No
 OLO 494000 JT-2 60-0011-030
 DEPARTMENT UNIVERSITY OF CENTRAL FLORIDA 014282
 SITE UNIVERSITY OF CENTRAL FLORIDA

COMPTROLLER ACCOUNT NUMBER	CF COMPTROLLER ACCOUNT NAME INVOICE	OBJECT CODE	TRANS CODE 25	TRANS CODE 45
			INCREASE AMOUNT	INCREASE AMOUNT
49101000210-4890010040-04000000	UCF GENERAL REVENUE FUND EXPENSES INV: #N30858 61.25	4990	61.25	
45202130001-4530000000-00010000	FEEES			61.25

in lieu of a state check

TRANSACTION TYPE: JOURNAL ADVICE TOTAL 61.25 TOTAL 61.25

I hereby certify that the above transactions are in accordance with the Florida Statutes and all applicable laws and rules of the State of Florida.

For State Comptroller's Use Only

APPROVED: _____
 TITLE _____

Time In _____
 Audited By _____