FILE NOW: FILING FEE IS \$61.25

NOMPROFIT CORPORATION ANNUAL REPORT.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State,

DIVISION OF CORPORATIONS

APPROVED AND FILED

(1)

1996

DOCUMENT # N30858

(7)

SECRET BY OF STATE TALLAHASSEE, FLORIDA

CENTRAL FLORIDA CONSORTIUM OF HIGHER EDUCATION, INC.						INLLAMASSEE, FEOMINA		•••••••		
	e of Business	Mailing Addre								
		Mailing Addre	:53				1011 21011 21211 01311 01	#** #**** #* * *** **		
4000 CENTRAL FLORIDA BLVD C.O. JOHN C. HITT ORLANDO FL. 32816 4000 CENTRAL FLORIDA E C/O. JOHN C. HITT ORLANDO FL. 32816 ORLANDO FL. 32816										
US		US	L 32010			3. Date Incorporated or Qualified	3a. Date of La	•		
2. Principal F	Place of Business	2a. Mailing Ac	Idress			02/24/1989 4. FEI Number	06/16/	T		
21		26				59-2980417		Applied For Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt	. #, etc.				\$8.7	5 Additional		
22		27				Certificate of Status Desired	1 1 7	e Required		
City & Sta	te	City & Sta	te			6. Election Campaign Financing	\$5.	00 May Be		
Zip	Country	28 Zip	Zip Country			Trust Fund Contribution	Add	ied to Fees		
24	25		30			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No				
	9. Name and Address of Curre	ent Registered Age	nt			10. Name and Address of New Re				
				81	Name					
HITT, J				82	Street Ad	dress (P.O. Box Number is Not Acceptable	:)			
UNIVERSITY OF CENTRAL FLORIDA										
	ENTRAL FLORIDA BLVD			83						
ORLAN	OD FL 32816			64	City		85 2	Zip Code		
11. Pursuant	to the provisions of Sections 617.050	02 and 617.1508. Flo	rida Statutes, the ab-	OVE - D	amed corro	oration submits this statement for the purp	FL	and the said office		
	red agent, or both, in the State of Flor ith, and accept the obligations of, Sec			corpo	pration's bo	oration submits this statement for the purp ard of directors. I hereby accept the appoi	ose of changing its ntment as registere	registered office id agent. I am		
*SIGNATURE	ing a to decopt the obligations of, age	ANOTHER SECONDARY IN THE SECONDARY	a Statutes.							
JIGHATONE	Signature, typed or printed name of registered ago	nt and title if applicable	(NOTE: Registere	d Agent	signature requi	red when reinstaling!	DATE			
12.	OFFICERS AN	ND DIRECTORS	13.	:		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECT	ORS IN 12		
TITLE	D		ELETE 1.1 T	ITLE			Change	☐ Addition		
NAME ETREET ADODESS	KING, MAXWELL			AME						
STREET ADDRESS CITY+ST-ZIP	1384 WALTON HEATH COU	RT			ADDRESS					
TITLE	ROCKLEOGE FL.		1.4 C ELETE 2 1 T	ITY - ST	- ZIP		☐ Change	Addition		
NAME	SORG, STEVEN E		I - · · ·	22 NAME						
STREET ADDRESS	298 QUIAL CT				ADDRESS					
CITY-ST-ZIP	CASSELBERRY FL		2 4 C/T		1					
FITLE	D			ITLE			☐ Change	Addition		
NAME	DAY, PHILIP R JR		3 2 NA		Ì			1		
STREET ADDRESS	30 INLET POINT BLVD				ADORESS					
CITY-ST-ZIP TITLE	PONCE INLET FL	Пп		CITY-SI	T-ZIP					
NAME	D CAMPION WILLIAM I	ال					☐ Change	☐ Addition		
STREET ADDRESS	CAMPION, WILLIAM J 1060 SW 32ND LANE			NAME TOCCT /	ADDRESS					
CITY-ST-ZIP	OCAL FL			ITY-ST						
TIFLE	CD		ELETE 511			h 60120	Change	Addition		
NAME	HITT, JOHN C.		5 2 N	AME		com Dept. of Revenue	T) = "			
STREET ADDRESS	2242 WESTMINSTER TERR		5.3 S	TREET A	ADDRESS 4	rom Dept. of Revenue	. <i>J</i>			
CHTY - ST - ZIP	OVIDEO FL			TY-ST						
TOTLE	D	□D	ELETE 617				☐ Change	Addition		
NAME CIPILIT ADDRESS	GIANINI, PAUL C. JR.		62 N							
STREET ADDRESS	1705 SANTA MARIA PL.				LDDRESS		SCC 2-28	₹-96		
14. I do hereb	ORLANDO FL y certify that the information supplied	with this filing is volu	640	does	not qualify	for the exemption stated in Section 119.07	JCC J J	40-14-1		
certify tha	the information indicated on this ago	ual report or suppler	contal appual remark		not quality	to the exemption stated in Section 119.07	(S)(K), FIORIDA Statu	ιtes. I τωπηer		

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 apopular 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 of the corporation 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 long a attrichment with an address.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/96 Date

Daytime Phone #

#N30858			PAGE N	2	1 (2	
STATE OF FLORIDA VOUCHER SCHOOLO 494000 JT-2 DEPARTMENT UNIVERSITY OF CENTRAL FLORIDA SITE UNIVERSITY OF CENTRAL FLORIDA		E 0	1/24/96	S-W/Ag	ency Voucher No 0011-032 014282	
COMPTROLLER ACCOUNT NUMBER CF COMPTROLLER ACCOUNT NAME	OBJECT CODE	TRANS CODE	25	TRANS CODE	45	
INVOICE INVOICE A		INCREASE AMOUNT		INCRE	INCREASE AMOUN	
49101000210-4890010040-04000000 UCF GENERAL REVENUE FUND EXPENSES	4990		61.25	-		
INV: #N30858 63	1.25		•		61.	
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RANSACTION TYPE: JOURNAL ADVICE		TOTAL		TOTAL	1	
I hereby certify that the above transactions are in accordance with the		4-1- 6	61.25		61.2	
Florida Statutes and all applicable laws and rules of the State of Florida.	For S	tate Com	otroller's Use	Only		
	THE HE		<u> </u>			
APPROVED:			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
TITLE				Audited By	<u> </u>	