FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

FILED
Apr 23 1998 8:00am
Secretary of State

DOCUMENT # N30858 (7)

1. Corporation Name

CENTRAL FLORIDA CONSORTIUM OF HIGHER EDUCATION, INC.

Principal Place of Business	Mailing Address
1200 W. INTERNATINOAL SPEEDWAY BLVD. DAYTONA BEACH COMM. COLL.-NORMAN P. WILL DAYTONA BEACH FL 32114 US	1200 W. INTERNATINOAL SPEEDWAY BLVD. DAYTONA BEACH COMM. COLL.-NORMAN P. WILL DAYTONA BEACH FL 32114 US

3. Date Incorporated or Qualified: 02/24/1989

4. FEI Number: 59-2980417 — Applied For / Not Applicable

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

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WILL, NORMAN P PH.D DAYTONA BEACH COMMUNITY COLLEGE 1200 W. INTERNATIONAL SPEEDWAY BLVD. DAYTONA BEACH FL 32114	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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	D ☐ Change ☒ Addition
NAME	KING, MAXWELL	1.2 NAME	McGee, E. Ann
STREET ADDRESS	1384 WALTON HEATH COURT	1.3 STREET ADDRESS	105 Becket Lane
CITY-ST-ZIP	ROCKLEDGE FL	1.4 CITY-ST-ZIP	Heathrow, FL 32746
TITLE	D ☐ DELETE	2.1 TITLE	D ☐ Change ☒ Addition
NAME	DAY, PHILIP R JR.	2.2 NAME	Dassance, Charles
STREET ADDRESS	30 INLET POINT BLVD.	2.3 STREET ADDRESS	5561 N.E. Second Ave.
CITY-ST-ZIP	PONCE INLET FL	2.4 CITY-ST-ZIP	Ocala, FL 34470
TITLE	CD ☐ DELETE	3.1 TITLE	D ☐ Change ☒ Addition
NAME	HITT, JOHN C	3.2 NAME	Massey, Edwin
STREET ADDRESS	2242 WESTMINSTER TERR	3.3 STREET ADDRESS	625 32nd Court, S.W.
CITY-ST-ZIP	OVIEDO FL	3.4 CITY-ST-ZIP	Vero Beach, FL 32960
TITLE	D ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	GIANINI, PAUL C JR.	4.2 NAME	
STREET ADDRESS	1705 SANTA MARIA PL.	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	
TITLE	PT ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	WILL, NORMAN P	5.2 NAME	
STREET ADDRESS	3670 JOHN ANDERSON DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORMAND BEACH FL 32176	5.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	WESTRICK, ROBERT	6.2 NAME	
STREET ADDRESS	33013 DAMON COURT	6.3 STREET ADDRESS	
CITY-ST-ZIP	LEESBURG FL 34788	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: Norman P. Will Norman P. Will April 9, 1998

CR2E037 (10/97)