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CORPORATION
ANNUAL REPORT
1995



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

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # N40335

(4)

1. Corporation Name

THE CENTER FOR ENROLLMENT MANAGEMENT, INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/08/1990
3a. Date of Last Report 04/29/1994
4. FEI Number 65-0223663
Applied For Not Applicable

Principal Place of Business THE UNIVERSITY OF TAMPA
401 W. KENNEDY BLVD
TAMPA FL 33606
US

Mailing Address THE UNIVERSITY OF TAMPA
401 W. KENNEDY BLVD
TAMPA FL 33606-1490
US

2. Principal Place of Business 21 1002 S. Harbour Is. Blvd
Suite, Apt. #, etc. #1611
City & State TAMPA FL
Zip 33602 Country US

2a. Mailing Address 26 1002 S. Harbour Isl Blvd
Suite, Apt. #, etc. #1611
City & State TAMPA FL
Zip 33602 Country US

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
THE UNIVERSITY OF TAMPA
401 W. KENNEDY BLVD
TAMPA FL 33606

10. Name and Address of New Registered Agent
81 Name LYNNE WALDER, Esquire
82 Street Address (P.O. Box Number is Not Acceptable) 777 S. Harbour Island Boulevard
83 Suite #175
84 City TAMPA FL 85 Zip Code 33602

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE LYNNE WALDER, Esquire Lynne Walder, Sec. 6/28/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when replacing agent) DATE

12. OFFICERS AND DIRECTORS
TITLE D
NAME INGERSOLL, RONALD J.
STREET ADDRESS THE UNIV. OF TAMPA, 401 W KENNEDY BLVD.
CITY - ST - ZIP TAMPA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE D ☒ Change ☐ Addition
1.2 NAME INGERSOLL, RONALD J.
1.3 STREET ADDRESS 1002 S. HARBOUR ISL. BLVD #1611
1.4 CITY - ST - ZIP TAMPA, FL 33602

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 110.07(3)(b), 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: Ronald J. Ingersoll April 29 1995 813-220-1031
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Name) (Date/Time/Phone #)
RONALD J. INGERSOLL