FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 AM 9:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N43153** **(8)**

1. Corporation Name

CENTRAL FLORIDA CHAPTER OF THE ASSOCIATION FOR C OMMUNICATIONS & TECHNOLOGY, INC.

Principal Place of Business	Mailing Address
COLLEGE OF EDUCATION ROOM 310, UNIVERSITY OF CENTRAL FLORIDA ORLANDO FL 32816	COLLEGE OF EDUCATION ROOM 310, UNIVERSITY OF CENTRAL FLORIDA ORLANDO FL 32816

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/26/1991
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3074533 ☐ Applied For ☐ Not Applicable
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

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 / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

CORNELL, RICHARD
COLLEGE OF EDUCATION
ROOM 310
ORLANDO FL 32816

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

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: Tatjana B. Pitts TATJANA B. PITTS, TREASURER 4-27-95
(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	11 TITLE		☐ Change ☐ Addition
NAME	CORNELL, RICHARD	12 NAME		
STREET ADDRESS	UNIV.OF CEN.FL. #310	13 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	14 CITY-ST-ZIP		
TITLE	PD	21 TITLE	PD	☑ Change ☐ Addition
NAME	MARTIN, BARBARA	22 NAME	BARBATO, CATRIONA	
STREET ADDRESS	UNIV.OF CEN.FL. #310	23 STREET ADDRESS	12234 UPSTREAM CT	
CITY-ST-ZIP	ORLANDO FL 32816	24 CITY-ST-ZIP	ORLANDO, FL 32816	
TITLE	T	31 TITLE	T	☑ Change ☐ Addition
NAME	BARBATE, CATRIONA	32 NAME	PITTS, TATJANA	
STREET ADDRESS	12234 UPSTREAM CT.	33 STREET ADDRESS	P.O. Box 98	
CITY-ST-ZIP	ORLANDO FL	34 CITY-ST-ZIP	CHRISTMAS, FL 32709	
TITLE	VD	41 TITLE	VD	☑ Change ☐ Addition
NAME	TERRELL, TOM	42 NAME	FOUSHEE, NEILL	
STREET ADDRESS	UNIV. OF CENTRAL FLORIDA #310	43 STREET ADDRESS	1ST, 3280 PROGRESS DR.	
CITY-ST-ZIP	ORLANDO FL 32816	44 CITY-ST-ZIP	ORLANDO, FL 32826	
TITLE	SD	51 TITLE	SD	☑ Change ☐ Addition
NAME	CHANDLER, BETH	52 NAME	DICKENSON, SABRINA	
STREET ADDRESS	UNIVERSITY OF CENTRAL FLORIDA #310	53 STREET ADDRESS	101 SILVER CLUSTER CT	
CITY-ST-ZIP	ORLANDO FL 32816	54 CITY-ST-ZIP	LONGWOOD, FL 32750	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

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)(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: Richard A Cornell 1-16-95 407-823-2053
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0034390