CO	FILE NOW: FILI IONPROFIT PRPORATION IUAL REPORT 1996	FLOBUDA DEPA Sandra Secret	RTMENT OF STATE B. Mortham ary of State CORPORATIONS	
CENT	VMENT # N4315 RAL FLORIDA CHAPTER OF UNICATIONS & TECHNOLOG	THE ASSOCIATION E	OR C	
Principal Place of Business Mailing Address COLLEGE OF EDUCATION COLLEGE OF EDUCATION ROOM 310. UNIVERSITY OF CENTRAL FLORIDA ROOM 310. UNIVERSITY OF CENTRAL FLORIDA ORLANDO FL 32816 ORLANDO FL 32816				3. Date incorporated or Qualified 3a. Date of Last Report
·····	Place of Business	2a. Mailing Address		4. FEI Number Applied For
21 Suite, Apt.	. #, etc.	26 Suite, Apt. #, etc.		59-3074533
22 City & Stat	10	27		5. Certificate of Status Desired \$8.75 Additional Fee Required
23	···	City & State		6. Election Campaign Financing \$5.00 May Be
Zip 24	Country	Ζιρ 29	Country	Added to Fees Added to Fees S. This corporation has liability for intangible tax under s. 199.032
	9. Name and Address of Current	Registered Agent	30	Fiorida Statutes I Yes V No 10. Name and Address of New Registered Agent
ROOM 3 ORLAND 11. Rursuant or register familiar wi SIGNATURE	00 FL 32816 to the provisions of Sections 617,0502 a red agent, or both, in the State of Florida th, and accept the obligations of, Sector Saturna	W// ThT-	83 84 City the above named of by the corporation	Address (P.O. Box Number is Not Acceptable) FL 85 Zip Code corporation submits this statement for the purpose of changing its registered office is board of directors. I hereby accept the appointment as registered agent. I am TL TL 2
	Signature, typed or printed are of registered agent and QFFICERS AND		Registered Agent signature	ITTS - TREASURER 4-30-96
TITLE	D Orricens AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME STREET ADDRESS CITY - ST - ZIP	CORNELL, RICHARD UNIV.OF CEN.FL. #310 ORLANDO FL		1.2 NAME 1.3 STREET ADDRESS 1.4 City - St - Zip	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS	PD BARBATO, CATRIONA 12234 UPSTREAM COURT	DELETE	2 1 TITLE 2 2 NAME 2 3 STREET ADDRESS	PRESIDENT DE Change Addition OF FOSHEE, NEILL IST, 3260 PROGRESS DRIVE
CITY-ST-ZIP TITLE	ORLANDO FL		2 4 CITY - ST - ZIP 3 1 TITLE	ORLANDO, FL 32816
NAME STREET ADDRESS CITY - ST - ZIP	PITTS, TATJARA P.O. BOX 98 (NA) CHRISTMAS FL	Ljotth	3 2 NAME 3 2 NAME 3 3 STREET ADDRESS 3 4 CITY-ST-ZIP	^{Change}
TITLE NAME STREET ADORESS GITY - ST - ZIP	VD FOUSHEE, NEILL 1ST 3280 PROGREES DRIVE	: DELETE	4.1 TITLE 4 2 NAME 4.3 STREET ADDRESS	PRESIDENT ELECT D DChange Addition BARBARA TRUMAN 276 SPRINGS COLONY CIR#217
TITLE NAME STREET ADDRESS	ORLANDO FL SD DICKENSON, SABRINA 101 SILVER CLUSTER COURT	DELETE	4.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS	ALTAMONTE SPRINGS, FL 32714 SCRETARY D DChange Addition JUDITH SANZA 912 OLD TREE ROAD
CITY-ST-ZIP TITLE NAME	LONGWOOD FL	DELETE	54 CITY - ST- ZIP 61 TITLE 62 NAME 1	800001892908 Addition
STREET ADDRESS CITY-ST-ZIP 14. I do hereby cortify that t	certify that the information supplied with the information indicated on this annual re	this filing is voluntarily furnishe port or supplemental annual i	6.3 STREET ADDRESS 6.4 CITY - ST - ZIP ed and does not qua report is true and act	-07/15/9601004010 ****61.25 Ify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further curate and that my signature shall have the same legal effect as if made under this report by Chapter 617. Ended Statutes. I further
appears in E	Block 12 or Block 13 Fshanged, or on a	n or the receiver or trustee en attachment with an address	npowered to execute	curate and that my signature shall have the same legal effect as if made under a this report as required by Chapter 617, Florida Statutes, and that my name 4.30-96 833-6047 Date Davine Proces