

FILE NOW: FILING FEE IS \$61.25

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Apr 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N43153 (8)
1. Corporation Name
**CENTRAL FLORIDA CHAPTER OF THE ASSOCIATION FOR C
COMMUNICATIONS & TECHNOLOGY, INC.**

Principal Place of Business COLLEGE OF EDUCATION ROOM 310, UNIVERSITY OF CENTRAL FLORIDA ORLANDO FL 32816	Mailing Address COLLEGE OF EDUCATION ROOM 310, UNIVERSITY OF CENTRAL FLORIDA ORLANDO FL 32816
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21 Principal Place of Business Suite, Apt. #, etc.	2a Mailing Address AECT Central Florida Chapter
22 City & State	27 P.O. Box 621322
23 Zip	28 Oviedo, FL
24 Country	29 32762-1322 30 U.S.A

3. Date Incorporated or Qualified 04/26/1991
4. FEI Number 59-3074533
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CORNELL, RICHARD
COLLEGE OF EDUCATION
ROOM 310, UNIVERSITY OF CENTRAL FLORIDA
ORLANDO FL 32816**

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 Richard A. Cornell Richard A. Cornell 4/9/98
Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	YONEKURA, FRANCISCA
STREET ADDRESS	7520 PARK PROMENADE DR 1824
CITY-ST-ZIP	WINTER PARK FL 32782
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	PD TRUMAN, BARBARA
STREET ADDRESS	276 SPRINGS COLONY CIR. #127
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714
TITLE	<input type="checkbox"/> DELETE
NAME	D CORNELL, RICHARD
STREET ADDRESS	COLLEGE OF EDUCATION RM 310 UNIV. OF C. FL
CITY-ST-ZIP	ORLANDO FL 32816
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	T Melinda S. Grimson
1.3 STREET ADDRESS	4701-3 Frantz Ct.
1.4 CITY-ST-ZIP	Winter Park, FL 32792
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PD Kathy Ingram
2.3 STREET ADDRESS	413 South Edgemon Ave.
2.4 CITY-ST-ZIP	Winter Springs, FL 32708
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: Kathleen W. Ingram Kathleen W. Ingram 4/9/98 407/623-3889

CR2E037 (10/97)